ndis

Introduction of NDIS Supports Lists, total funding amounts, funding component amounts, and funding periods

Final evaluation report

Contents

This document

The National Disability Insurance Agency's (NDIA) Participant Outcomes, Evidence and Evaluation Branch prepared this report.

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Acknowledgements

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The NDIA would also like to acknowledge all who assisted in the development of this report, and particularly those who contributed from their lived experiences. This includes NDIS participants, their nominees and informal supporters, participant representatives, Disability Representative and Carer Organisations (DRCOs), Disability Advocacy Network Australia (DANA), and NDIA service delivery staff.

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Abbreviations and terms

Agency	National Disability Insurance Agency
Amendment	A change to a parliamentary Bill (a proposed law)
APTOS	Applied Principles and Tables of Support
ART	Administrative Review Tribunal
Claim	A request for payment from an NDIS participant for a disability support or service in line with their plan.
DANA	Disability Advocacy Network Australia
DHDA	Department of Health, Disability and Ageing
DRCO	Disability Representative and Carer Organisation
DSS	Department of Social Services
Evaluation Advisory Group (EAG)	A group comprising representatives from 8 Disability Representative and Carer Organisations (DRCOs) and the Disability Advocacy Network Australia (DANA). The EAG provided guidance and feedback on data collection activities and interpretation of findings related to participants and the sector.
Early childhood partner (EC partner)	Partner in the community who supports children under 9 with disability and their families to connect with services and supports in their local community, including helping families understand child development and available supports.
NDIS Enterprise Data Warehouse (EDW)	NDIA Enterprise Data Warehouse
FAQs	Frequently Asked Questions
HLO	Hospital Liaison Officer
KEQ	Key Evaluation Question
KPI	Key performance indicator
Local area coordination partner (LAC partner)	Partner in the community who supports people with disability aged 9 to 64 to pursue their goals, build capacity to make their own choices, and access the supports they need to live the life they choose.
NCC	National Contact Centre
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Act	*National Disability Insurance Scheme Act 2013*
NDIS Supports List and non-NDIS Supports List	The NDIS Supports List outlines what is a NDIS Support, and the non-NDIS Supports List specifies what is not a NDIS support.

NDIS Supports Lists	The suite of lists comprising both the NDIS Supports List and non-NDIS Supports List, under the NDIS Transitional Rules that came into effect in October 2024.
Overutilisation	Participant spending at a rate that is at least 10% faster than can be maintained across the plan, and that can lead to exhaustion of funds before the plan's end date.
PACE	Participant Alternative Cloud Environment
Partner	Community-based organisations funded by the National Disability Insurance Agency to deliver early childhood coordination and local area coordination services. Partners help people with disability to connect with services and supports in their local community.
Payment	An amount paid to a provider or self-managed participant for an NDIS support provided in line with a participants' plan
Plan	Comprises the participant's statement of goals and aspirations, and a statement of participant supports that the NDIS will fund. It may also include a total funding amount, funding component amounts and funding periods.
Plan inflation	Plan inflation refers to the total amount which annualised plan budgets have increased by in a specific period.
Plan management provider	An organisation which makes payments for NDIS supports from a participant's plan on their behalf.
Planner	A NDIA employee who works with participants to create a NDIS plan. The planner is a delegate of the CEO and can make funding decisions under the NDIS Act.
Provider	An individual or organisation that delivers NDIS supports, services or products to participants, including support coordination, plan management, psychosocial recovery coaching, and other disability supports.
PSO	Participant Support Officer
Replacement support	A service, item or equipment that can replace an existing NDIS support in a participant's plan. Participants can seek approval to replace a support in their plan with something that is not a NDIS support if the NDIA has determined it to be a suitable support.
Replacement supports list	Outlines supports that the NDIA has identified as replacement supports.
Rules	Legislative instruments under the NDIS Act that detail the law, including the rights and obligations of those covered by the law.

Section 10	Section 10 of the NDIS Act, which defines what is and is not a NDIS support.
Section 33	Section 33 of the NDIS Act. For relevant plans, this section introduced total funding amounts, funding component amounts and funding periods.
Specialist Disability Accommodation (SDA)	A housing support for participants with extreme functional impairment or very high support needs and who meet the NDIS funding criteria for SDA. SDA dwellings have accessible features to help residents live more independently and allow other supports to be delivered better or more safely.
Short Term Accommodation (STA)	The former term for short-term accommodation support provided to participants. From 20 October 2025, the NDIA uses Short Term Respite (STR) rather than STA. Because this change occurred at the end of this evaluation period, this report continues to use the terminology of STA for consistency.
Supported Independent Living (SIL)	A type of support for participants aged over 18 years and have high support needs to help them live in their home (for example, require support for more than 8 hours per day as well as overnight support), and can include help with daily tasks like personal care or cooking meals.
Support coordinator	Type of provider that helps participants understand and use the funding in their NDIS plan on NDIS supports.
TAPIB	Technical Advice and Practice Improvement Branch
YPIRAC	Younger People in Residential Aged Care

Executive Summary

This is the final report for the implementation evaluation of two reforms to the *National Disability Insurance Scheme Act 2013* that were enacted 3 October 2024:

- section 10, the introduction of the NDIS Supports Lists, which define what is and is not a NDIS support
- section 33, the introduction of total funding amounts, funding component amounts, and funding periods (shorter funding periods were implemented from 19 May 2025).

These reforms aim to:

- improve clarity about what the NDIS funds
- strengthen NDIS integrity
- support sustainable growth
- improve participants' ability to manage their plans.

The evaluation covers the period from 3 October 2024 to 31 October 2025 and draws on data from participants, planners, partners, and providers, and NDIS administrative data.

Improving clarity about what the NDIS funds

For planners, partners, and providers, the NDIS Supports Lists have increased clarity about what the NDIS can and cannot fund. Clarity has improved for some participants, but there is more to do to help participants better understand the lists. In October 2025, almost half of participants were clear what they can (44%) and cannot (46%) spend their funds on. Participants with psychosocial disability and/or Autism had lower understanding.

While the NDIA has continually refined its guidance, participants and others who use the NDIS Supports Lists are still uncertain about whether some supports are NDIS supports.

In providing clarity, the implementation of the NDIS Supports Lists has highlighted examples where participants had previously used NDIS funds for supports or items that are the responsibility of other support systems.

Some participants raised concerns that they are now required to use more expensive disability-specific items given the exclusion of 'standard' items from the NDIS Supports Lists. While participants are able to request a 'replacement support' (a non-NDIS Support List item in place of an NDIS Support List item) in some circumstances, awareness and uptake of this option is low.

Strengthening NDIS integrity

The NDIS Supports Lists are improving the integrity of the NDIS. Participants and others who engage with the NDIS have improved clarity and planners are making more consistent decisions. The NDIS Supports Lists provide clear guidelines, based on legislation, that assist the NDIA to identify supports that are not NDIS supports and cannot be funded by the NDIS.

Between October 2024 and October 2025, the NDIA identified 5,559 claims from self-managed participants as not payable as they were for supports that did not align with the NDIS Supports Lists.

Supporting sustainable growth

There are early signs that funding periods may be reducing plan overutilisation (spending in excess of a plan's budget). Participants with funding periods have lower rates of plan overutilisation than the scheme average, and lower than for participants without funding periods. However, it is too early to draw conclusions as these initial plans with funding periods won't begin to reach their full plan duration until mid-2026 onwards.

Plans with funding periods show marginally higher inflation compared to those without. However, all plans exhibit higher inflation in initial months and when plan age in months is controlled for, plans with funding periods show lower inflation than plans without. The reason for this is not clear, though lower overutilisation may be one cause.

Improving participants' ability to manage their plans

The data indicate the reforms are helping participants better manage their plans in terms of spending on NDIS supports and staying within budget. However, some participants have experienced, or are experiencing challenges, including:

- different advice provided by planners, partners and providers during early implementation about what is and is not an NDIS support
- short funding periods reducing flexibility to meet unexpected changes in need
- the restrictive nature of one-month funding periods
- inconsistent application or inadequate frontloading of funds (where a proportion of funding is made available early in the plan), causing delays to access a support.

Opportunities for improvement

Evaluation findings present opportunities to improve implementation of the NDIS Supports Lists and funding periods, and changes to the NDIS generally, including:

- timely communication of the purpose and details of changes to stakeholders, once policies and rules are finalised and before changes go live
- making the NDIS Supports Lists accessible and searchable on the NDIS website
- continuing investment in integrity systems and education for claiming only supports that are NDIS supports
- addressing identified issues with the current lists when developing new NDIS Supports Lists
- further refining policy settings and guidance for consistent implementation and a more transparent participant experience.

Additionally, ongoing monitoring of plan inflation and overutilisation, and follow-up on the implementation, will provide a fuller picture of the impact of shorter funding periods after 12-18 months of implementation.

1. Introduction and context

1.1 Amendments to the NDIS Act

Amendments to the *National Disability Insurance Scheme Act 2013* (the NDIS Act) came into effect on 3 October 2024 and were designed to improve outcomes for participants and move towards a more sustainable NDIS.

The amendments included changes to section 10, which defines what is and is not a NDIS support, and section 33, which introduced total funding amounts, funding components, and funding periods into participants' plans.

1.2 NDIS Supports Lists (section 10 of the NDIS Act)

The changes to section 10 of the NDIS Act consolidated a range of existing NDIA policy guidance into a transitional rule. They are intended to:

- provide greater certainty for participants about what they can and cannot spend their NDIS funds on
- support decision-making by NDIA planners
- protect the integrity of the NDIS by ensuring funds are used appropriately.

The NDIA implemented key changes through the transitional rule, and these included:

- the introduction of the NDIS Supports Lists (the 'NDIS Supports List' and the 'non-NDIS Supports List'), which outline what is and is not a NDIS support.
- a process to replace a support in a participant's plan with something that is not a NDIS support (a replacement support).
- transitional arrangements with respect to debts incurred where NDIS funding has been used for a non-NDIS support (in place for 12 months following commencement).

1.3 Total funding amounts, funding component amounts, and funding periods (section 33 of the NDIS Act)

The changes to section 33 of the NDIS Act introduced total funding amounts, funding component amounts and funding periods, and are intended to support participants to spend in accordance with their plan. The changes clarify how long participants' funds need to last to:

- better support budgeting
- enable continuity of support across the length of the plan
- minimise the risk of early exhaustion of funds.

The NDIA implemented the first change on 9 October 2024, setting all funding periods in all new plans to a 12-month duration. In May 2025, the NDIA implemented further changes, including the statement of participant supports which established ways to:

- specify a 'total funding amount' for all supports funded under the plan
- categorise participant supports into one or more groups of supports
- specify a 'funding component amount' for each group of supports
- specify the funding periods (1, 3, 6, or 12 months) that determine when funding for each support becomes available.

1.4 Evaluating the impacts of the NDIS Supports Lists, total funding amounts, funding component amounts, and funding periods

The NDIA evaluated the implementation of the legislative changes to:

- understand the impacts of the NDIS Supports Lists and funding period changes on participant experience and outcomes
- assess the extent to which the NDIA and its systems and processes are supporting implementation.

The NDIA conducted this evaluation over a 13-month period from 3 October 2024 to 31 October 2025. The evaluation also incorporates administrative data up to February 2026. An Evaluation Advisory Group supported the evaluation. This group comprised 8 Disability Representative and Carer Organisations (DRCOs) and the Disability Advocacy Network Australia (DANA).

The NDIA will use the evaluation findings to identify opportunities to strengthen future implementation, including refinement of policy settings, guidelines, and participant communication and education.

Appendix A provides an overview of the evaluation scope, questions, and methods.

1.5 This report

This report outlines the key findings from the evaluation period and considers all four key evaluation questions (KEQs):

1. To what extent are the new service rules being implemented as planned?
2. What are the challenges and enablers to implementation?
3. What are the immediate impacts of the changes on participant experience?
4. To what extent are there indicators of progress toward intended outcomes?

This report draws on the following data sources:

- interviews and surveys with participants and their nominees
- interviews and survey of plan management, support coordination and psychosocial recovery coaching providers
- insights shared to the NDIA through sector engagement activities
- interviews and surveys with NDIA planners, partners, and other service delivery staff
- analysis of NDIA administrative data
- review of documentation, including policy, guidance and communications
- internal consultation with NDIS business areas involved in the implementation of the NDIS Supports Lists and shorter funding periods.

1.6 Limitations

While this evaluation period allows for a thorough evaluation of the implementation of the changes, it should be noted that the impacts of the changes may not have been fully realised. This is particularly the case for s33 changes, which came into full effect in May 2025.

There are also additional limitations relating to the data used by the evaluation:

- The evaluation used a targeted sampling approach to qualitative research with participants, focusing on participants who told us their supports had been impacted by the NDIS Supports Lists and shorter funding periods. Findings from this participant engagement may not represent those of the broader participant population.
- Changes to plans and supports reported by participants have not been independently validated.
- Participants and nominees who responded to the Participant Experience Surveys were broadly representative of the participant population with respect to disability type, geographic location and language spoken at home. However, some groups were under-represented:
    - Aboriginal and Torres Strait Islander participants (4% of survey versus 8% of Scheme)
    - male respondents (40% versus 61%)
    - participants with autism (28% versus 38%).
- Interview and survey participation was voluntary for planners, partners and provider representatives. As such, sampling may reflect attitudinal or other biases reflecting engagement with the NDIA and these changes.

2. Implementation of the NDIS Supports Lists and total funding amounts, funding component amounts and funding periods

2.1 Implementation of the NDIS Supports Lists

The NDIS Supports Lists have improved clarity for planners, partners, and providers about what the NDIS can and cannot fund.

The NDIS Supports Lists have increased planner and partner clarity to:

- make consistent decisions about supports (where the NDIS Supports Lists clearly state the supports)
- provide consistent advice to participants.

Planners and partners[1] said the NDIS Supports Lists support consistent decision-making and provide an authoritative source they can refer participants to when explaining funding decisions.

Quote from a LAC:
"Overall, I think (the introduction of the NDIS Supports Lists) has been a really positive update and a positive change... It's very black and white for us to be able to help families make the right decision."
Quote from a planner:
"The lists have been helpful, having the guidance and having it clearly documented is helpful. It's often challenging but these lists make it easier for me."

In June 2025, most planners (71%) and LAC partners (58%) agreed that advising participants what they can and cannot use their funding for is easier since the introduction of the NDIS Supports Lists[2]. As planners and partners had more time to work with the changes, their level of agreement increased to 78% of planners and 68% of LAC partners by October 2025 (see Figure 2.1)[3].

Partners and providers showed some variation:

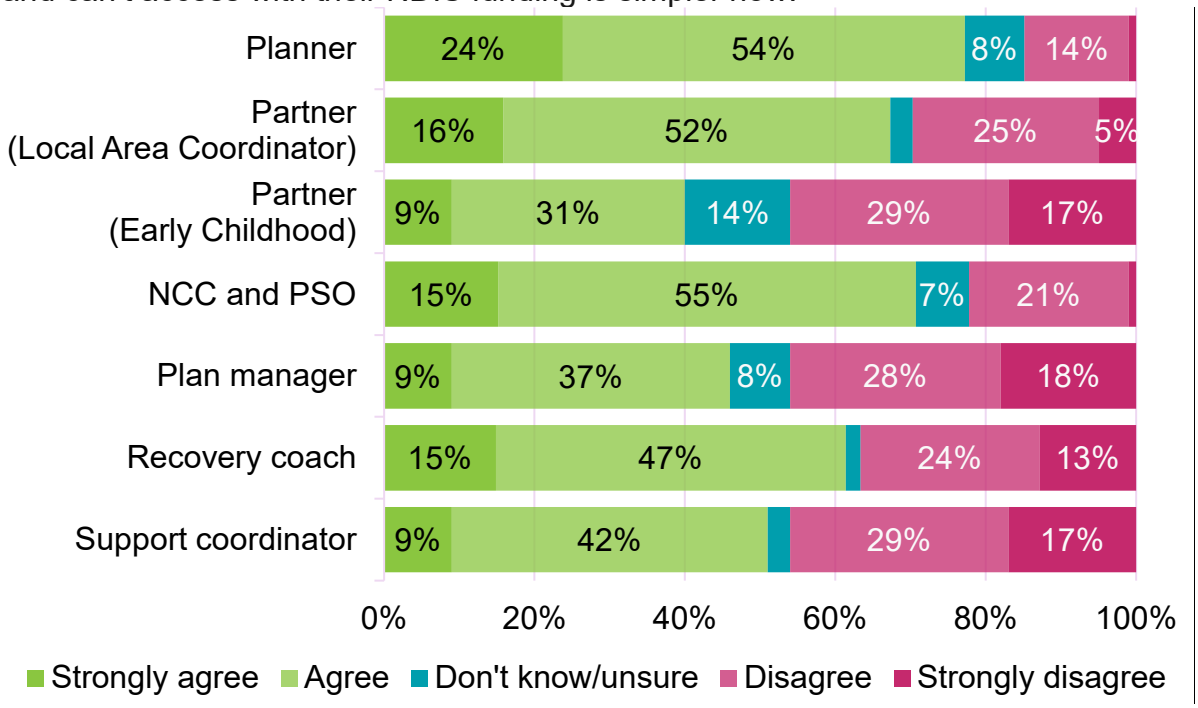
- Early childhood partners (EC partners) reported lower agreement, with only 21% of EC partners agreeing in June 2025, improving to 40% in October.

[1] Planner and partner interviews, March and October 2025
[2] June 2025 Planner and Partner Survey
[3] October 2025 Planner and Partner Survey

- There was a lower level of agreement from support coordinators and plan management providers (51% and 46% respectively).
- Psychosocial recovery coaches were more positive, with 62% agreed or strongly agreed that advising participants what they can and cannot use their funding for is easier since the introduction of the NDIS Supports Lists[4].

Taken together, these findings suggest that the NDIS Supports Lists benefit a range of key stakeholders.

Figure 2.1: October Surveys 2025 (Planner and Partner Survey and Provider Experience Survey) – views on whether advising participants about what they can and can't access with their NDIS funding is simpler now.



Source 1: Planner and Partner Survey, {Planner, Local Area Coordination Partner, Early Childhood Partner, NCC and PSO}, October 2025 (N = 464). Source 2: Provider Experience Survey, {Plan manager, Recovery coach, Support coordinator}, October 2025 (N = 319). Survey question (same in both surveys): 'Advising participants about what they can and can't access with their NDIS funding is simpler now (compared with before the lists were introduced)'.

Participants and other users of the NDIS Supports Lists have reported uncertainty about whether specific supports are NDIS supports, though areas of uncertainty have reduced over time

All stakeholder groups described 'grey areas' relating to applying the NDIS Supports Lists, that is, uncertainty over whether the NDIS can fund a particular support or item.

[4] October 2025 Provider Experience Survey

Quote from Agency stakeholder:
"Planners and practice leads have asked for clarification; "What is an evidence-based therapeutic support? Can the Agency provide a list for clarity? Can you provide concrete examples of what can be funded? How do we know that the therapy that is being provided is an approved and endorsed therapy?"

ART determinations[5] also demonstrate some variability in interpretation of how to apply the NDIS Supports Lists, including whether the NDIS Supports Lists were exhaustive or not.

Quote from an ART case:
"Whilst the list of supports in Schedule 2 [the non-NDIS Supports List] is an exhaustive list, the list of supports in Schedule 1 [the NDIS Supports List] is open to expansion."

Quote from an ART case:
"The support will either be, or not be, a NDIS Support by operation of law. It is not sufficient to find the support is not excluded by Schedule 2 [the non-NDIS Supports List]. The support must be included in Schedule 1 [the NDIS Supports List]."
Across the first 13 months of implementation, the NDIA has responded to many areas of uncertainty through the provision of:

- operational guidelines for planners
- 'would we fund it?' guidance
- knowledge articles and FAQs on the NDIS website
- responses to direct enquiries.

While the NDIA has resolved many issues by providing guidance to support consistent application of the NDIS Support Lists, as at October 2025 there remained some ongoing areas of uncertainty (see Appendix C). Some examples where users of the NDIS Supports Lists had less clarity:

- Sensory items: the NDIS Supports Lists do not explicitly refer to sensory items such as toys or noise-cancelling headphones, which has caused confusion about whether and when the NDIS can fund these items.

[5] In its published decisions, ART considered 112 cases about supports participants can or cannot access since October 2024. ART determinations demonstrate varied interpretations of the NDIS Supports Lists.

- Specific therapeutic supports: there was uncertainty relating to whether certain therapies are NDIS supports: for example, myotherapy, osteopathy, or chiropractic (which are not referred to in the NDIS Supports Lists), and naturopathy (which is not referred to specifically, though the non-NDIS Supports List does refer to 'alternative or complementary medicine').
- Animal-related supports, including animal therapy, animal-assisted therapy, and assistance animals: there was confusion relating to when animal-related supports can be funded, including therapies which use animals and other animal-related supports and items (such as those relating to assistance animals and associated costs such as pet insurance).

Factors contributing to this lack of clarity include:

- lack of definitions in the NDIS Supports Lists for some items, or unclear definitions of terms or supports, for example, 'eligible' assistance animal, 'alternative' and 'complementary' medicine
- where the NDIS or non-NDIS Supports Lists do not explicitly mention an item or support, for example, sensory items or myotherapy
- where there is variation in how specific aspects of the NDIS Supports Lists are understood, for example, whether standard appliances are interpreted as 'standard household items,' or 'assistive products to facilitate house cleaning, gardening or laundry'
- how to work with the NDIS Supports List and non-NDIS Supports List together – a lack of understanding that when an item is explicitly stated on the non-NDIS Supports List then it is not a NDIS support, even if it may also be interpreted as being within a category on the NDIS Supports List
- where planners may have to make nuanced decisions, particularly where there are complex or unique participant circumstances, for example, tablets as replacement supports for participants with communication needs.

These findings have implications for any future NDIS Supports Lists, and the level of supplementary information needed to support consistent implementation.

Use of replacement supports has increased over time, but in general they remain poorly understood by participants

In some specific circumstances, the NDIA can fund supports that are not NDIS supports, referred to as ‘replacement supports’. A replacement support is not an extra support; these are supports, items or equipment a participant would like to use instead of a NDIS support in their plan.

Under the replacement support arrangements, the NDIA:

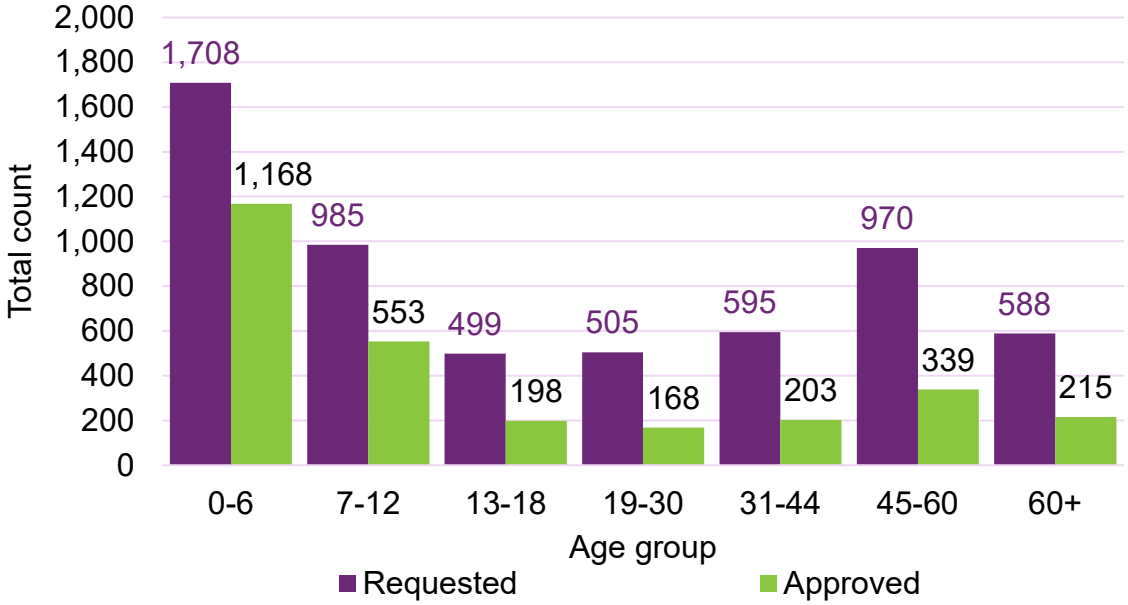
- can only make a decision about replacing some supports
- must agree in writing that a participant can use their funding to buy this support
- must ensure the replacement support is at an equal or lesser cost than the original support.

Participants and participant representatives shared concerns that the concept of a particular support as a ‘replacement’ for some other support does not reflect how they use their disability supports. Some said participants need replacement supports in addition to (rather than instead of) other supports. For example, deaf and hearing-impaired participants might use apps in some contexts (e.g. when using public transport), and Auslan interpreting in other contexts (e.g. medical appointments).

Requests for replacement supports were initially low though have steadily increased over time, from 27 requests in October 2024, to a peak of 863 in September 2025. There were 5,850 requests for replacement supports from 4,174 participants during the period October 2024 to October 2025, representing 0.5% of all NDIS participants. Of these requests, the NDIA approved 49%. As of 31 October 2025, 20% were pending.

Figure 2.2 shows that a high proportion of replacement support requests came from participants aged 0-6 years (1,565 requests, 29% of all requests) and participants aged 7-12 years (770 requests, 17% of all requests).

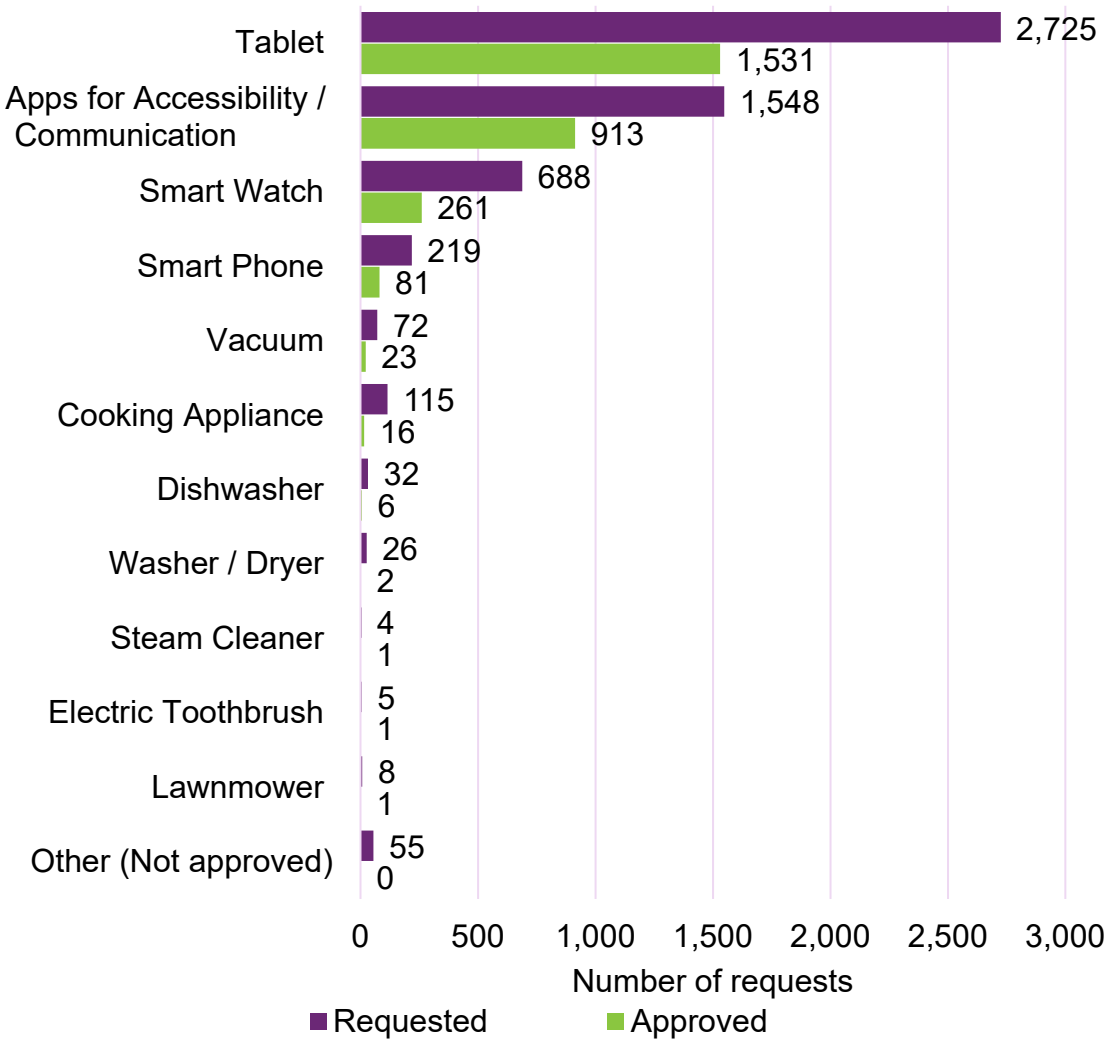
Figure 2.2: Number of requests for replacement supports and number approved, by age group, 3 October 2024 to 31st October 2025.



Source: Technical Advice and Practice Improvement Branch (TAPIB) Replacement supports data monitoring data as of 31st October 2025.

Figure 2.3 shows that most replacement support requests (78%) and approvals (86%) have been for 2 support items – tablets (2,725 requests) and apps for communication support (1,548 requests). About half of applications that requested a tablet also requested an app for communication. Most of these requests were for augmentative and alternative communication (AAC) devices (which comprise both a tablet and apps).

Figure 2.3: Replacement support items requested by status, 3 October 2024 to 31 October 2025



Source: Technical Advice and Practice Improvement branch (TAPIB) Replacement supports data monitoring data. Note: Other (not approved) includes any other item requested that did not receive any approval. Data as of 31 October 2025.

The NDIA has reduced processing times for replacement support requests since December 2024. The average number of days it took to approve a replacement support peaked in December 2024 (51 days), reducing to 35 days in May 2025, and to 29 days in August 2025.

While requests have increased over time, many participants remained unclear about the replacement supports process[6].

The low awareness and uptake of replacement supports overall, and the fact that tablets and communication apps are the main supports requests, indicates that it

[6] Participant and carer interviews, August to November 2025

may be simpler to revise and publicly communicate a standard policy position regarding these items and discontinue the replacement supports process.

2.2 Implementation of shorter funding periods

About funding periods

Total funding amounts, funding component amounts, and funding periods came into effect from 3 October 2024 for all new and reassessed plans.

Total funding amounts are the total budget in the plan. Funding component amounts and funding periods apply to specific supports and support components, and were introduced to:

- help participants manage their funding over their plan period
- provide continuity of support across the length of the plan
- enable longer plan durations
- minimise the risk of early exhaustion of funds.

From 3 October 2024, participants receiving a new or reassessed plan received 12-month funding periods, with a proportion of funding made available at the start of each 12-month funding period.

From 19 May 2025, the NDIA implemented shorter funding periods, including one-month, 3-month, and 6-month periods, in addition to the 12-month periods already utilised.

At the conclusion of the evaluation period on 31 October 2025, 132,985 NDIS participants (18% of all participants) had a plan with funding periods.

Participants moved to a funding period plan due to:

- an unscheduled reassessment (45% of funding period plans)
- being a new NDIS entrant (30%)
- having a scheduled reassessment (24%)
- being a NDIS re-entrant (1%).

Participants showed no notable differences by disability type, age, or other demographic characteristics, regardless of whether their plans included funding periods.

The NDIA sets funding periods based on participant circumstances

Before setting funding periods, the NDIA considers:

- the total funding amount in the plan

- the type and cost of supports in the plan
- participant needs and preferences
- the extent to which the participant is likely to spend the funding on NDIS supports and in line with the plan
- if the participant is at risk of experiencing fraud or financial exploitation
- if the participant is at risk of experiencing physical, mental or financial harm because of the length of the funding periods
- if the participant, the plan nominee or a child representative are currently insolvent under administration 23 October 2025.

The original policy in place for the May implementation suggested very specific circumstances for when one-month funding periods would be appropriate, and only one specific example of a circumstance in which a 6- or 12-month funding period would be appropriate (a participant has a degenerative condition with an uncertain trajectory). If a participant's circumstances do not meet this criterion, the guidelines suggest their plan should utilise 3-month funding periods.

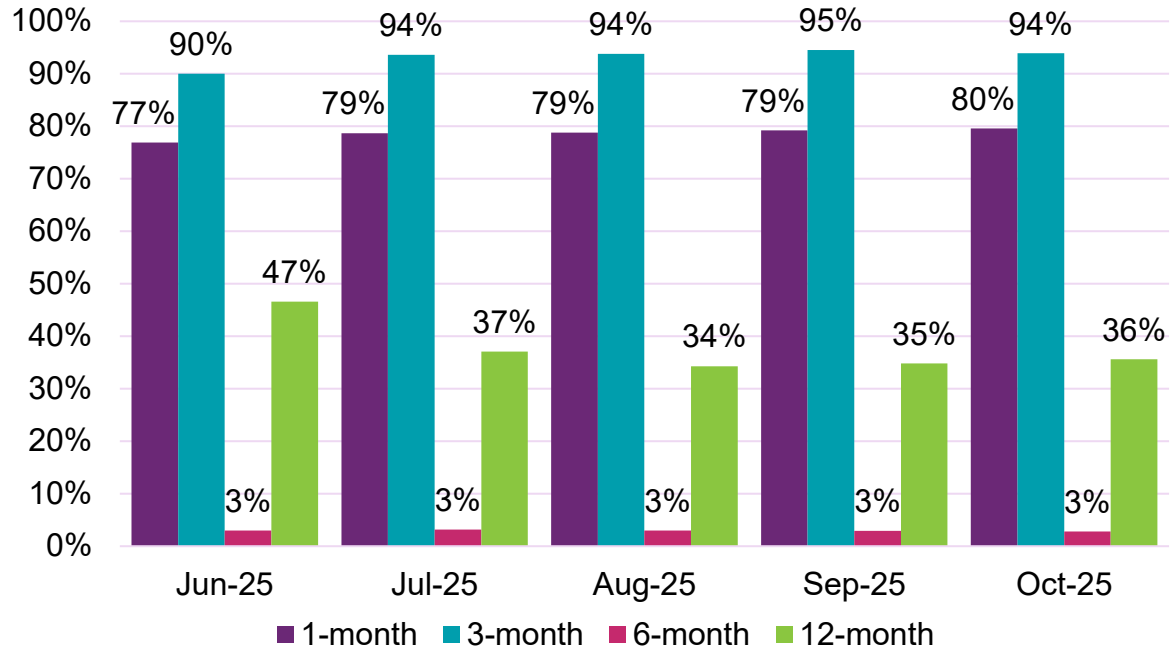
In August 2025, the NDIA updated the policy in response to operational, sector and participant feedback. The changes sought to better balance risk and plan flexibility for participants and included having longer funding periods for low-value plans (plans with a total value of $15,000 or less) and reinforcing that certain supports should generally be frontloaded (where more funding is available in the first funding period to enable high-cost purchases to be made early in a plan). The NDIA released operational guidance to support planners to work with this change on 10 October 2025 (see Appendix E for guidance table).

In line with guidance, the most common funding period is 3 months

A large majority of plans with shorter funding periods have at least one funding component with a 3-month funding period (94%), and a one-month funding period (79%) for certain support types.

Only 3% have a 6-month funding period and 38% have a 12-month funding period. Figure 2.4 shows the proportion of plans with funding periods with at least one one-month, 3-month, 6-month, and 12-month funding period component by month.

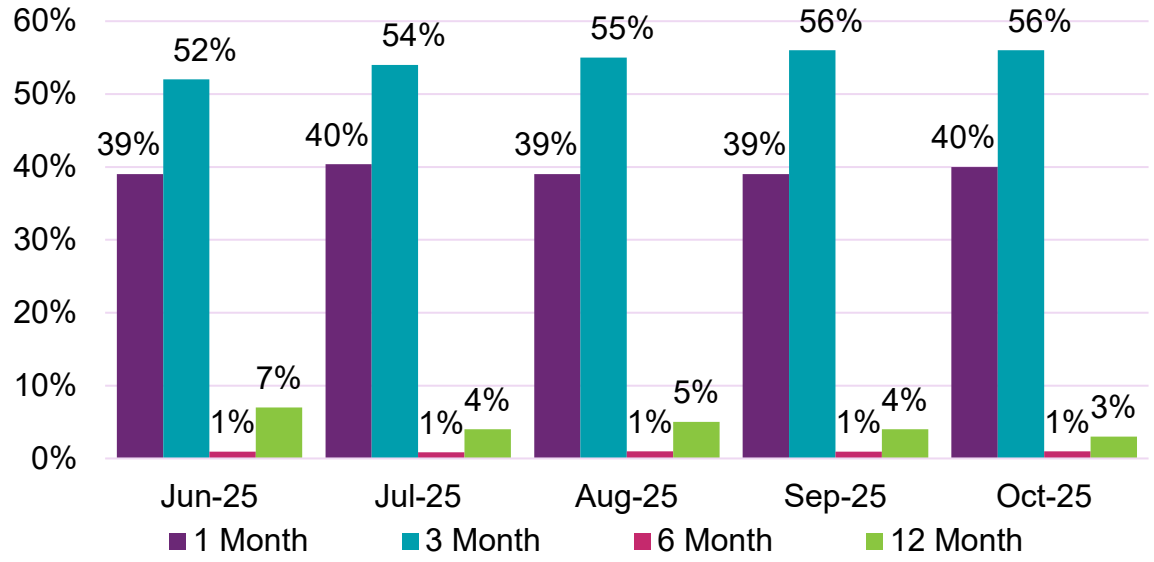
Figure 2.4: Funding period plans, by month - proportion with at least one funding component assigned to a one, 3-, 6-, or 12-month funding period.



Source: NDIS PACE data.
Note: Proportions are representative of plans generated in each month.

Figure 2.5 shows that for plans that include funding periods, most funding has been allocated to 3-month funding periods (56% in October 2025), and 40% to one-month funding periods. The relatively high proportion of funding allocated to one-month funding periods is due to the use of one-month funding periods for high cost supports such as SIL and SDA, as per NDIA Operational Guidance.

Figure 2.5: Funding period plans - proportion of allocated funds by funding period length



Source: NDIS PACE data. Note: Proportions are representative of plans generated in each month.

Some disability support providers are becoming more risk averse due to concerns about not receiving payment

Disability support providers reported concerns about not receiving timely payment (or payment at all) where a participant does not have sufficient funds in the funding period that they provided the support. These providers said there is no way of them knowing whether the participant is going to have sufficient funds to pay for their services, and they are reliant on participants understanding their funding periods and confirming they have sufficient funding available.

DRCO representatives also shared that providers were becoming more risk averse and strengthening their debt recovery processes over concerns that a participant may not have sufficient funding in their current period.

Quote from a DRCO representative:
"Providers are now realising that there is no pathway for them to be paid where a participant has overspent in a funding period. More are adding debt recovery clauses to service agreements and beginning the process for debt recovery. We've seen a sharp uptick in participants being approached for debt recovery."

Planners are applying frontloading in line with guidance for most supports, but inconsistently across some support types

Funds allocated to any funding component can be 'frontloaded' which means a larger proportion of funds for a funding component is available in early funding periods (typically the first one) rather than spread evenly across funding periods.

NDIA policy and service guidance recommend that planners consider frontloading funds for a range of supports and participant circumstances:

- One-off purchases, including:
    - assistive technology, vehicle modifications and home modifications
    - assistive technology maintenance, repair and rental.
    - irregular SIL arrangements and medium-term accommodation.
- Where there is a need to use additional hours upfront for service establishment, such as:
    - positive behaviour supports, with a recommendation of 50-60% of funding frontloaded in the first funding period
    - establishment fees for setup costs for a first NDIS plan, or assistance with social, economic and community participation
    - support coordination and psychosocial recovery coaching after a participant's needs have changed due to circumstances including hospital discharge, moving out of home, loss of informal supports or life transition
    - employment supports related to life-stage transitions, such as leaving school
    - therapy assessments.
- Where discretionary frontloading can be applied to help the participant with:
    - complex, fluctuating or episodic support needs, where frontloading can address their need for flexibility – for example, when a participant's informal supports are unavailable due to illness or injury.
    - to get value for money when buying supports (e.g., bulk buying consumables for a lower price).

Over $900 million has been frontloaded in participant plans, representing 9% of the value of all plans with funding periods.

Partners (LACs and ECs) said they see significant benefits in a plan that has been well-tailored for a participant with appropriately frontloaded supports.

Quote from an Early Childhood partner:
"I found frontloading has been beneficial for some families. Like if it's a family that hasn't accessed any supports yet, frontloading allows them to cover the cost of assessments and reporting for speech pathology and occupational therapy before they start regular therapy."

Data indicates that planners are applying frontloading in line with policy and guidance, and shows that the supports most commonly frontloaded are:

- home modifications
- assistive technology (purchase or rental, and maintenance/repair)
- improved living arrangements

- behaviour support
- consumables.

This is reflected in Figure 2.6 below.

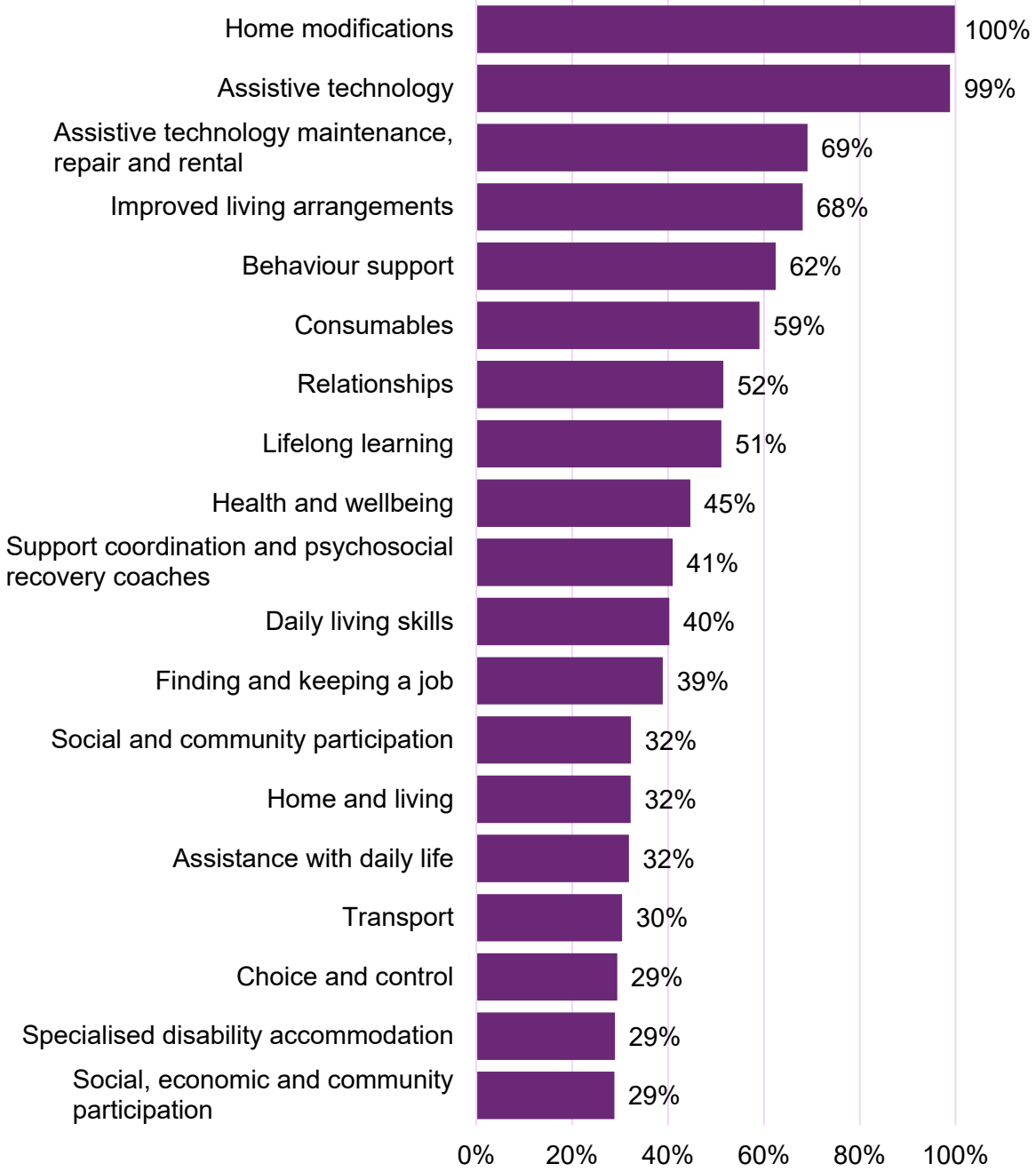
Plan data shows that 41% of support coordination is being frontloaded, but it is not clear from the data whether this is the right amount. Section 3.3 provides information on participant experience of inconsistent frontloading.

Partners (LACs and ECs), support coordinators and plan management providers also reported inconsistent application of frontloading, and cited examples relating to assistive technology, STA, SIL, behaviour supports, functional capacity assessments, psychosocial supports, and support coordination[7].

Quote from a support coordinator:
"For things like support coordination, therapies, consumables, assistive technology, they're all coming in 3-month funding periods. If we want to buy AT (assistive technology) that's $2000, we can't until a few funding periods have finished and we've saved up enough."

[7] September 2025 interviews

Figure 2.6: Proportion of support funding that is frontloaded by support category (for plans with funding periods included), May to October 2025.



Source: NDIS PACE data. Note: Frontloading is calculated as a percentage of total dollars allocated to the maximum spend limit for that support category that is available in the first funding period.

Planners are considering whether a participant has a degenerative or rapidly changing condition when selecting funding period lengths.

Participants with degenerative or rapidly changing conditions (these include Alzheimer's disease, dementia, Huntington's disease, motor neuron disease, multiple sclerosis, muscular dystrophy, Parkinson's disease) are more likely to experience sudden and unexpected changes in support needs. NDIA policy and guidance instruct planners to apply longer funding periods for these participants provided the other considerations for longer funding periods are satisfied.

NDIS administrative data indicates that planners have implemented the guidance and NDIA policy to consider degenerative conditions when determining funding periods. As Figure 2.7 shows, participants with degenerative conditions are almost twice as likely to have a plan that includes at least one 12-month funding period (62%) compared to participants with other disabilities (36%).

In interviews with NDIA planners (July and October 2025) a small number provided unprompted feedback about the need to apply longer funding periods for participants with degenerative conditions.

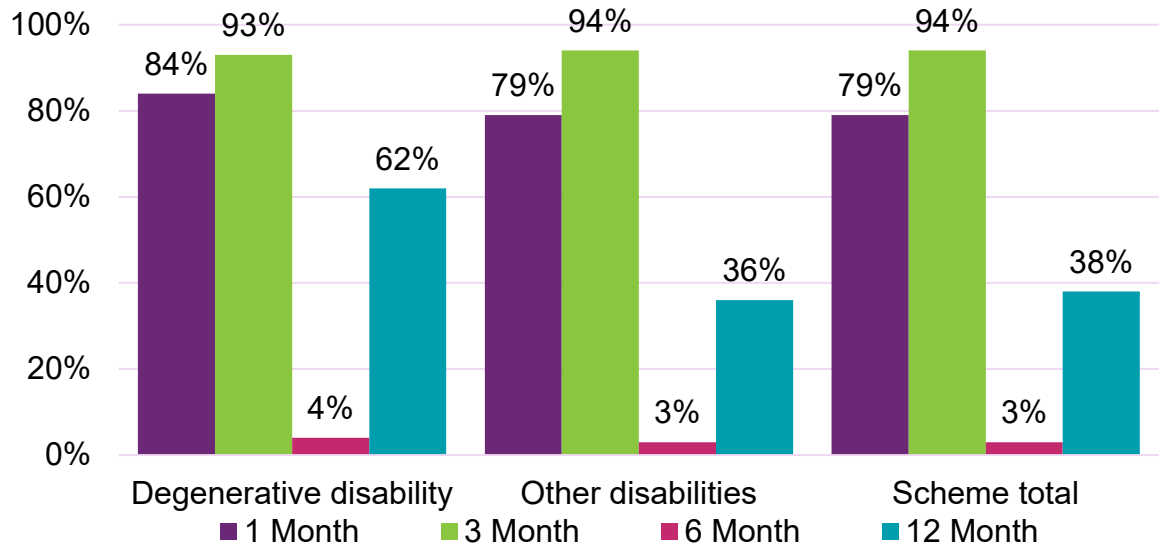
Quote from a planner
"A big consideration for me is degenerative conditions. If somebody has been admitted access to the Scheme for, let's say, rapidly deteriorating dementia, that's when I'd look at doing longer funding periods because it's just unknown."
Quote from a planner "We work with lots of people with degenerative conditions…Often their needs change really rapidly and you do need access to different funding. So, we might go, this is a degenerative condition. I'm going to loosen up those funding periods a little bit more."

Disability sector representatives consulted as part of the evaluation expressed concerns that one- and 3-month funding periods were being allocated to participants with degenerative or rapidly changing conditions and were hindering access to needed supports for these participants.

Quote from a NDIS participant

"It's not flexible enough. My funding ran out at the beginning of August, and I was left without caregivers when I was going through a serious health issue. It's good if they target the people that they know are ripping off the system, but some of us have serious complications and we can't get care we need".

Figure 2.7: Proportion of plans with funding periods that include at least one funding period of the specified length by degenerative disability and other disabilities



Source: NDIS PACE data. Note: 'Degenerative disability' includes Alzheimer's disease, dementia, Huntington's disease, other hereditary ataxias, motor neuron disease/ALS, Parkinson's disease, early onset dementia, multiple sclerosis, and muscular dystrophy. For the purposes of this comparison, "Other disabilities" includes all other disabilities, which may include conditions that can degenerate over time but are not necessarily degenerative disabilities.

3. Experience of the changes

3.1 The experience of rapid implementation of change

The fast pace of implementation of each amendment limited the extent to which stakeholders could be supported to understand the intent and detail of changes.

The Department of Social Services and NDIA engaged in consultation and provided a range of communications in the months leading up to the introduction of the NDIS Supports Lists and shorter funding periods. However, NDIA communicated the final details of each change at the commencement of each change rather than beforehand[8].

This rapid implementation contributed to planner, partner and provider anxiety and confusion, and an initial lack of preparedness for planners and partners to implement the changes.

Quote from a LAC:
"I think it was something like 2 days to get our team across <the NDIS Supports Lists>. I don't think it was even 2 days before it hit the public sphere. At which point there was already concern in the community about it. We didn't have talking points, escalation processes, any guidance as to where to go or what our role was in answering questions"

Some plan management providers, support coordinators and disability support providers only became aware of the of the NDIS Supports Lists after the changes took effect[9]. Several providers felt there was insufficient time for them to understand the changes and communicate them to participants, train their staff to implement them, and update their systems and processes.

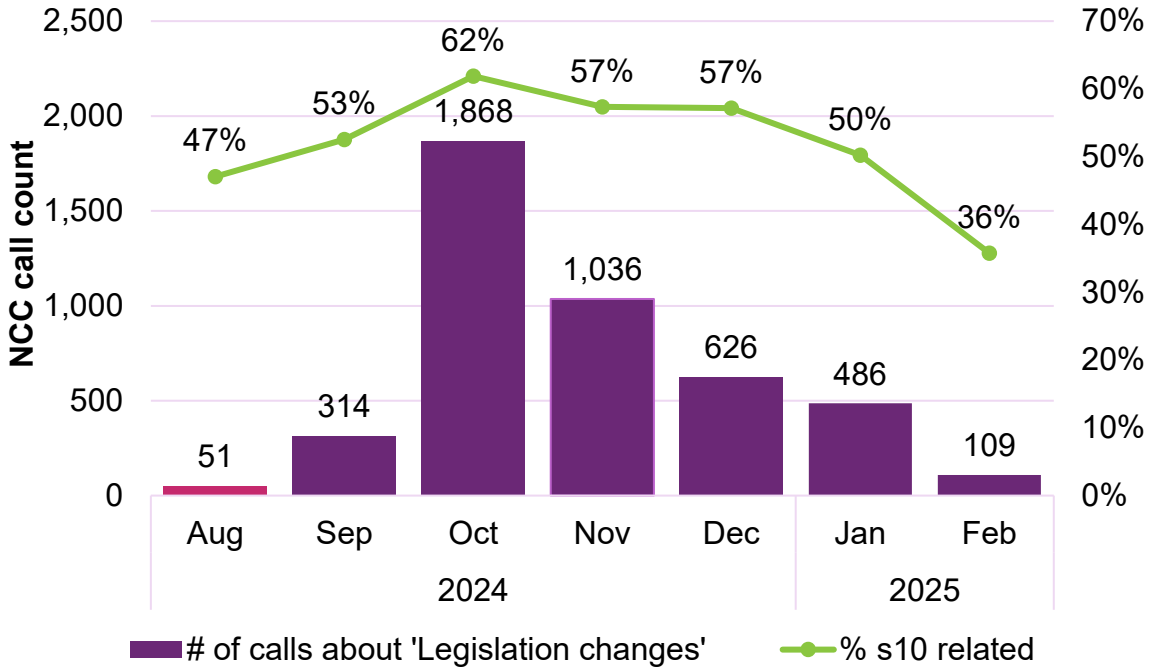
Quote from a disability support provider:
"It was frustrating that they didn't give us any warning for some things, there was no warning. It was like, 'oh by the way, this is going to affect you, and by the way, it's starting in a week'."
Participants and their representatives also reported a high degree of uncertainty about what the changes meant for their plans and use of supports when they first

[8] NDIA planners received the NDIS Supports Lists one day before they published on the NDIS website. The introduction of shorter funding periods from 19 May 2025 was communicated with only a few days' notice to participants, providers, and the community, and updated information provided on 20 May about the setting of funding periods.
[9] Provider Interviews, July 2025

began. Enquiries about the NDIS Supports Lists were initially high, with the National Contact Centre receiving 60–70 calls per day in October 2024. Enquiries declined over time to an average of 3–4 calls per day by February 2025 and almost zero by March 2025.

Figure 3.1 outlines the number of NCC calls relating to legislative changes from 20 August 2024 to 8 February 2025.

Figure 3.1: NCC calls regarding 'Legislation changes' and Section 10 changes



Source: Legislation Call Summary - NCC Branch, Integrity Transformation Division & Integrity Transformation and Fraud Fusion Taskforce Group.

With respect to funding periods, participants and DRCOs noted that the policy that began from 19 May 2025 differed from the initial guidance they had received. Initial consultation had indicated that shorter funding periods would be applied due to risk considerations only. However, the guidance published 20 May 2025 stated that 3-month funding periods would apply in most circumstances[10]. DRCOs said this unexpected change led to general negative sentiment for many participants and their representatives about the introduction of shorter funding periods and eroded their trust in the NDIA[11].

Quote from a DRCO representative:
"What was implied [in earlier discussions between DRCOs and Agency] was that it would only be a very rare occasion where it had been proven that a person was

[10] DRCO consultations, August 2025
[11] Participant interviews, August to November 2025 and DRCO consultation, August 2025

defrauding the Scheme or that their plan was being ripped off by dodgy providers and therefore that safeguarding element was sort of the reason for doing this, but there was never any mention that all of a sudden out of the blue the default would become 3 month funding periods."

Plan managers, support coordinators, and psychosocial recovery coaches reported several challenges around timing and quality of information received from the NDIA about the introduction of funding periods, including:

- no notice between the NDIA informing them of the introduction of shorter funding periods and the changes coming into effect
- insufficient information to understand how the NDIA was going to implement the changes in practice
- insufficient clear, actionable guidance and specific examples on how to apply funding periods.

Once details of the changes and how to work with them became known to participants, providers and DRCOs the initial high level of concern diminished and participants and their representatives focused on specific concerns.

It is recognised that any change to the NDIS may be experienced as disruptive for some. However, these findings have implications for the way the NDIA communicates changes to the NDIS to participants and the disability community and supports them through change as reform to the NDIS continues. This includes consideration of both the purpose and detail of changes, and the timeliness of that communication.

3.2 Participant experience of the NDIS Supports Lists

Participant awareness of the NDIS Supports Lists is high overall but lower among Aboriginal and/or Torres Strait Islander participants and others facing language, digital, cognitive, or overwhelm-related barriers

By June 2025 most participants reported having a high awareness of the introduction of the NDIS Supports Lists (76%)[12]. Interviews with participants and their family members showed more varying levels of awareness and understanding of the NDIS Supports Lists, and some NDIS participants and family members interviewed had not heard of, nor seen, the NDIS Supports Lists though they were aware of some changes to what they could spend their funds on.

[12] Participant Experience Survey June 2025

Participants who managed their own plans and supports and those who had recently joined the NDIS demonstrated higher awareness of the NDIS Supports Lists[13].

First Nations participants had lower awareness of the NDIS Supports Lists than other participants (69% compared to 76% overall)[14]. Other groups identified[15] as having lower levels of awareness of the NDIS Supports Lists, include:

- people who experience English language and/or digital literacy barriers
- new migrants
- people with cognitive disabilities
- people with inadequate support coordination
- people experiencing elevated levels of overwhelm and exhaustion.

Participants rely on a range of sources for information about the changes

In October 2024 the NDIA provided a range of information to participants about the NDIS Supports Lists including:

- emails and text messages to all participants sent in the week following the changes
- an email to more than 200,000 providers
- a series of eNewsletters with further information about the changes (sent to about 60,000 participants).

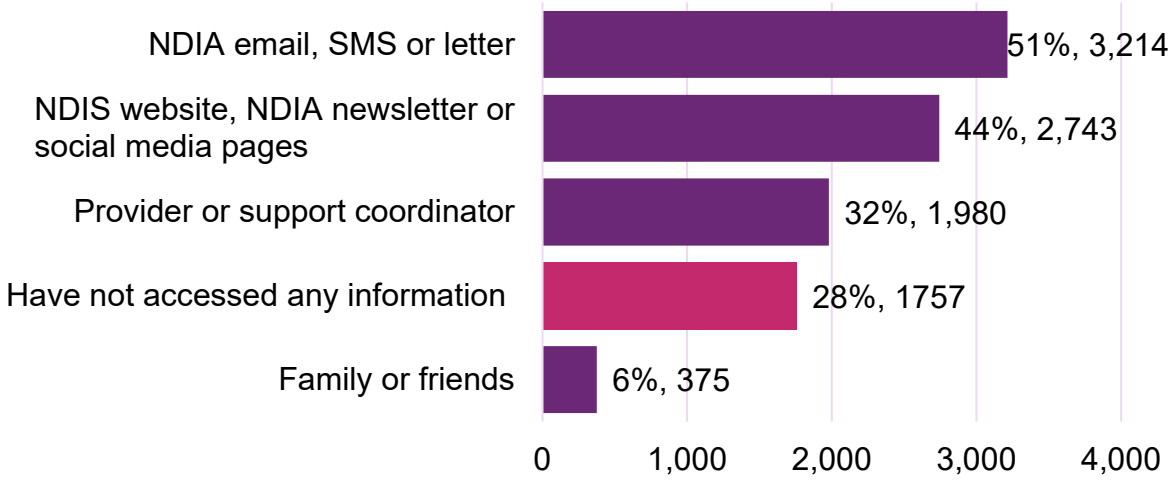
Most participants (82%) had accessed at least one source of information to understand the changes[16]. As illustrated in Figure 3.2, the most common information sources were official NDIA sources, such as:

- direct NDIA emails, SMS or letters (accessed by 51% of respondents)
- the NDIS website, newsletter, or social media pages (44%).

Approximately one third of participants also relied on information from providers (32%). Interviewed participants received much of their information about the s10 and s33 changes from media (including social media), providers, and peers, which resulted in mixed messages and misinformation.

[13] Participant interviews August to November 2025
[14] Participant Experience Survey June 2025
[15] Participant and carer interviews, August to November 2025
[16] Participant Experience Survey June 2025

Figure 3.2: Participant Experience Survey June 2025 - Information participants have accessed to help them understand the legislation changes.



Source: Participant Experience Survey, June 2025 (N = 6,269) (multiple responses permitted).

The NDIS Supports Lists are difficult to navigate for some participants

Many participants feel the NDIS Supports Lists can be confusing, hard to navigate and the length and structure is unwieldy, particularly for:

- people with cognitive disability
- those using screen readers
- those experiencing language, literacy, and digital barriers.

Participants seek specific information that relates to their own supports. Some participants find it difficult to search the NDIS Supports Lists and the supplementary guidance to bring together the information they need in relation to their own circumstances and use of supports.

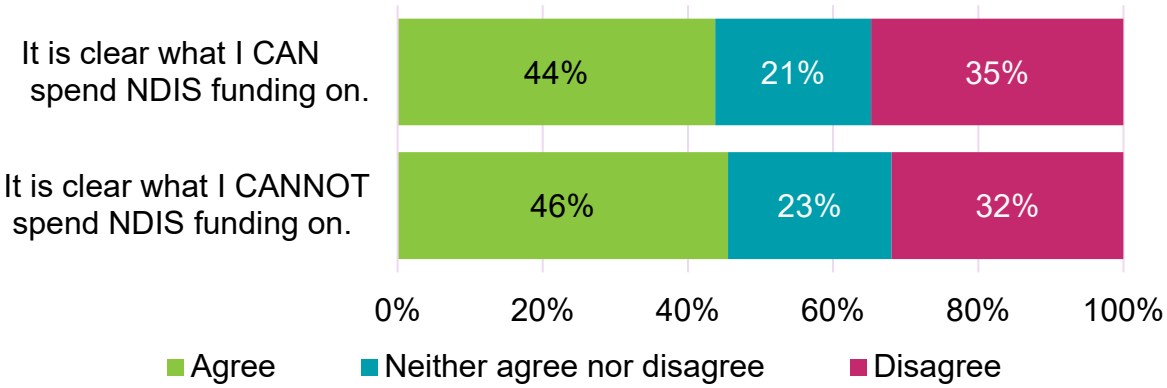
Participants are concerned that future revisions to the NDIS Supports Lists could confuse people who engaged with earlier versions, as participants did not clearly understand whether the current lists are transitional or final. This indicates the need for clear and accessible communication with participants about any changes to the NDIS Supports Lists.

There remains opportunity to improve participant understanding about what is and is not a NDIS Support, with certain cohorts requiring greater support

The NDIS Supports Lists have provided clarity for some participants (44%) relating to how they use their NDIS funds[17] (Figure 3.3).

[17] Participant Experience Survey October 2025

Figure 3.3: Participant Experience Survey October 2025 - Participant and nominee clarity in relation to spending on NDIS supports.



Source: Participant Experience Survey, October 2025 (N = 4,513).

Some participant cohorts experienced greater challenges understanding what they can spend their funds on[18] with lower understanding among:

- participants with psychosocial disability (32% agreed it is clear what they can spend funding on, 39% agreed it is clear what they cannot spend funding on)
- participants with Autism (36% and 38% respectively)
- First Nations participants (35% and 45% respectively).

Participant interviews indicated there were additional groups with low levels of understanding of the NDIS Supports Lists[19], including:

- people who experience English language and/or digital literacy barriers
- new migrants
- people with cognitive disabilities
- people with inadequate support coordination
- people experiencing elevated levels of overwhelm and exhaustion.

Participants' reports[20] of impacts of the NDIS Supports Lists showed a level of confusion around how the NDIS Supports Lists are applied and some participants misattributed other changes to their plans to the NDIS Supports Lists. For example, some participants (incorrectly) attributed a reduction in their total plan budgets and/or a reduction in the number of support service hours to the NDIS Supports Lists. However, the NDIS Supports Lists are not used to set participant budgets and so it is unlikely that the lists impacted total plan budgets or support service hours.

[18] Participant Experience Survey October 2025
[19] Participant interviews August to November 2025
[20] Participant interviews August to November 2025

Some participant cohorts experienced particular types of changes to their supports

Some groups were more likely to tell us their supports had changed since the introduction of the NDIS Supports Lists[21], including participants with psychosocial disabilities (45%, compared to 36% of all participants) and acquired brain injury (41%). Participants with hearing impairment were less likely to say their supports had changed (22%).

Factors that influenced the extent to which these changes impacted participants and their families included the:

- type and complexity of their disability
- level of reliance on a specific support compared with other supports
- access to alternative supports
- capacity to fund non-NDIS supports privately
- understanding of the changes
- capacity to self-advocate.

Participants who identified as Aboriginal and/or Torres Strait Islander and their families reported experiencing reduced access to culturally appropriate supports, including supports that enable participation in cultural activities and traditional healing practices[22].

Appendix D summarises the range of changes reported across different participant groups in interviews.

Participants are unclear about which service systems are responsible for some of their needs

Participants provided examples where they felt it was illogical or unreasonable that certain supports were not NDIS Supports. Many of these examples show that some participants had previously used their NDIS funding to meet a range of needs that intersected with or were the responsibility of other service systems.

For example, a young Autistic adult with post-traumatic stress disorder living in regional Australia reported no longer accessing her private psychologist. She was informed this was because this is a responsibility of the mental health system. This participant noted there is a two year wait for public mental health services in her area, and she could not afford to privately fund her current psychologist even with a mental health plan.

[21] Participant Experience Survey October 2025
[22] Participant interviews August to November 2025

Where participants had lost access to something they had previously accessed, it was not always clear if they had attempted to meet their needs through other service systems such as the health or housing systems. However, the experience of these participants suggests that the introduction of the NDIS Supports Lists may have exposed gaps for some participants in their broader support systems.

Participants raised concerns the NDIS Supports Lists are driving them to use higher cost items

The NDIS Supports Lists are intended to ensure that participants spend NDIS funds on disability-related supports and not general items that all Australians pay for. Many participants interviewed said that this had resulted in the NDIS rejecting claims for relatively low cost 'standard items' that could increase their independence and participation in community life, and meant that they were using their NDIS funds for more expensive disability-specific equipment and/or support workers.

Examples include:

- A woman with a degenerative disability who uses an electric wheelchair requires a dishwasher to clean dishes independently as she is unable to stand at the sink. The NDIS had previously funded a dishwasher, which recently broke down. The NDIS did not fund a replacement as the NDIS Supports Lists now classify dishwashers as standard household items. Instead, the NDIS offered the participant an additional 9 hours per week of support worker time to help her with the dishes and laundry.
- A LAC partner told a family of an 8-year-old child participant they could not use NDIS funds to purchase a $400 stroller for their child who has low muscle tone and cannot walk long distances. Instead, the LAC partner suggested applying for a wheelchair though this was not their preferred support and would cost the NDIS over $10,000.

The cost to participants and the NDIS of excluding 'standard items' is not known; however, it is noted that including 'standard items' in the NDIS Supports Lists would require the development of additional controls to ensure that funded items are aligned to participants' disability-specific needs.

Participants and DRCOs report increased burden to provide evidence of supports

Some participants interviewed reported they are more frequently asked to provide additional information to confirm that the support they are claiming relates to their disability.

Quote from a NDIS participant:
"I used to have a membership that allowed me to attend small group discussions on autistic issues that allowed us to develop skills and build capacity - e.g. how to cook simple meals, how to manage overwhelm at Christmas, etc. From 3 October when I submitted the invoice my PM (Plan Manager) told me that 'club memberships' were not funded. I didn't have the expertise or patience to explain to them that it's not a club, it's peer support to develop skills. It's much more cost effective than one on one therapy (it was about $5 per session). So, I just gave it up and left. I no longer get any of the support, companionship, and education I got from attending those discussions because of the change to the NDIS Supports Lists."

While increased burden on participants is not desirable, ensuring there are minimum evidence standards for the payment of claims made through the NDIS is essential to deter and detect incorrect claiming.

3.3 Participant experience of funding periods

While most participants are generally aware of the introduction of funding periods, their understanding of how funding periods work in practice is mixed

Almost two-thirds of participants who responded to the October 2025 Participant Experience Survey were aware of the introduction of plan funding periods (63%). Plan-managed and self-managed participants showed higher awareness (65% and 64% respectively), while NDIA-managed participants showed lower awareness (51%).

Participants interviewed in November 2025 that had not yet experienced shorter funding periods often struggled to make sense of the change:

- Some participants confused funding periods with the duration of their plan and assumed that they would have to apply for a new plan every quarter or every month.
- Some participants were unclear about whether unspent funds would roll over into subsequent funding periods.

Quote from a NDIS participant:
"So, does that mean you have to go through a plan review every few months? That would be so disruptive."
Quote from a NDIS participant: "If you don't get all the claims in by the end of the funding period, can you still claim it later? I'm confused."

Most participants interviewed who had received a new plan since the NDIA introduced funding periods said they found out about funding periods only when they had received their new plan.

Participant views on different funding periods

Many participants agreed that there are certain circumstances when 3- or 6-monthly funding periods could be appropriate and useful[23].

Quote from a NDIS participant:
"As a newbie I think the funding periods can be helpful to get your head around how much you can spend across the year to ensure that the funding lasts."

However, participants also emphasised the importance of appropriately tailoring funding periods to participants' individual circumstances and needs.

Quote from a NDIS participant:
I think that for the most part, shorter funding periods are not a terrible idea, so long as the planning actually accounts for disabilities with fluctuating needs, supports that may need to be frontloaded in the initial period etc. I do think that a participant's capacity and history of managing the funding should be taken into account, along with the level of safeguards they have in their life should something go wrong before automatically assuming quarterly periods are appropriate."

There was no support for one-month funding periods among interviewed participants. Participants described one-month funding periods as highly restrictive, and they identified no discernible benefits for NDIS participants and their families.

Participants and DRCO stakeholders gave examples of one-month funding periods affecting participant access to NDIS supports:

- A parent whose adult child has one-month funding periods for home and living supports has experienced misalignment between funding periods and billing cycles, and has covered the shortfalls themselves. This has placed financial strain on the family and increased their administrative burden.
- Participants with STA funding on one-month funding periods experienced funds falling short on months with 31 days. In some cases, it was reported that their provider would not deliver services on those days.

[23] Participant interviews August to November 2025

Quote from a NDIS participant:
"There's a guy around here who lives with his dad and needs 2-to-1 support. He's on one-month funding periods and everybody can see that it's not safe - they keep running out of funds and every time that happens there's not enough support there when something goes wrong. The only reasons his funds are being exhausted are because he's not funded appropriately for his actual disability support needs and because they can't access most of it when they need it."

Plan managers and support coordinators also shared examples of this issue, noting providers ceasing services where funds were exhausted before the end of the month. Other providers were reported to be prepared to accommodate this and delay sending an invoice until the start of a new funding period.

The NDIA expects that providers and participants work together to agree on a schedule of supports that can be delivered within the funding allocated to each funding period, across the duration of the plan. It is recognised that a participant's support needs may not always align exactly with the funding periods allocated. Guidance on the NDIS website states that that participants and providers may agree to delay the processing of an invoice until the funds in the next funding period become available, as long there will be enough funding left in the plan to cover their support needs until the end of the plan.

Inconsistent frontloading of funding is impacting timely access to some supports

Participants' knowledge and understanding about frontloading was very low[24], and few were aware that they can request some of their funding to be frontloaded.

Quote from a NDIS participant:
"So, my support coordinator thankfully was savvy enough to go 'we better frontload their funding' because you know that actually requires a big one-off expenditure. So, I think it's fine when there's ample funding and you can frontload… But my sense is that that planners will need to become much more savvy around being proactive and anticipating when people will need things frontloaded and the kind of issues that may affect people which I don't have a lot of faith for them doing that because it's such a swift process. It's so quick and I feel like there's already not adequate consideration to all the support needs of a person that I don't have a lot of hope that they will do this well."

[24] Participant and carer interviews, August to November 2025

There were several examples where funding for some supports had not been frontloaded or where there was insufficient frontloading, which had led to direct impacts on participants' access to supports[25]. These included:

- participants who needed equipment, assessments and therapy intensives which involved high initial costs
- participants with new plans who were unable to implement their plan straight away because they did not have access to sufficient funds for support coordination to help them get started
- a First Nations participants missed taking part in First Nations cultural festivals and events because they did not have access to enough funding when it was needed.

Quote from a NDIS participant:
"Even support coordination was monthly funding periods, which of course has meant it's been useless as the whole point was to help set up services for the length of the plan (12 months). I rang them to get it changed and after being on hold and transferred 5 different times they said they can't change it without a review. So incredibly frustrating."

Funding periods have reduced some participants' ability to respond to unanticipated changing needs

Participants also reported that lack of flexibility associated with funding periods meant having to make trade-offs around their supports. For example, a participant that needed an urgent but unexpected swallowing assessment had to redirect funds from a wheelchair assessment and delay the wheelchair assessment to a later funding period because they did not have sufficient funds in the first quarter to do both.

Quote from an allied health professional:
"An OT had to do a wheelchair assessment for this client so they could leave the house, but got there and realised the client was choking, so needed an urgent swallowing assessment. And so, there's not enough money to do both in that first quarter. So, it was either this person either doesn't leave the house, or they continue to choke. Like these are the kinds of decisions that are in play."

While the NDIA has processes to accommodate unexpected changes in a participant's needs or circumstances, many participants were either unaware of these processes or did not feel they are adequate to support them in these periods of change[26]. Several self-managed participants said that, prior to the introduction of

[25] Participant and carer interviews, August to November 2025
[26] Participant and carer interviews, August to November 2025

funding periods, they would often reserve a portion of their budget for unexpected expenses or emergencies. Funding periods may have limited the ability of some participants to redirect funding in the short-term to meet unexpected requirements, while plan change processes are in train.

Quote from an allied health professional *(Speech Pathologist):*
"You can ask for it to be reviewed, but that doesn't happen quickly. So probably that whole first quarter has passed anyway by the time that review process has been completed."

4. Progress towards intended outcomes

4.1 Emerging outcomes of the NDIS Supports Lists

Participants appear to have replaced spending on non-NDIS Supports with spending on NDIS supports

Approximately one third of participants (36%)[27] reported a change to their NDIS supports attributable to the introduction of the NDIS Supports Lists (34% reported no change). Most participants reported that changes to their supports occurred in early implementation, and there was no significant increase in the proportion of participants impacted between June and October 2025 (from 32% to 36%)[28].

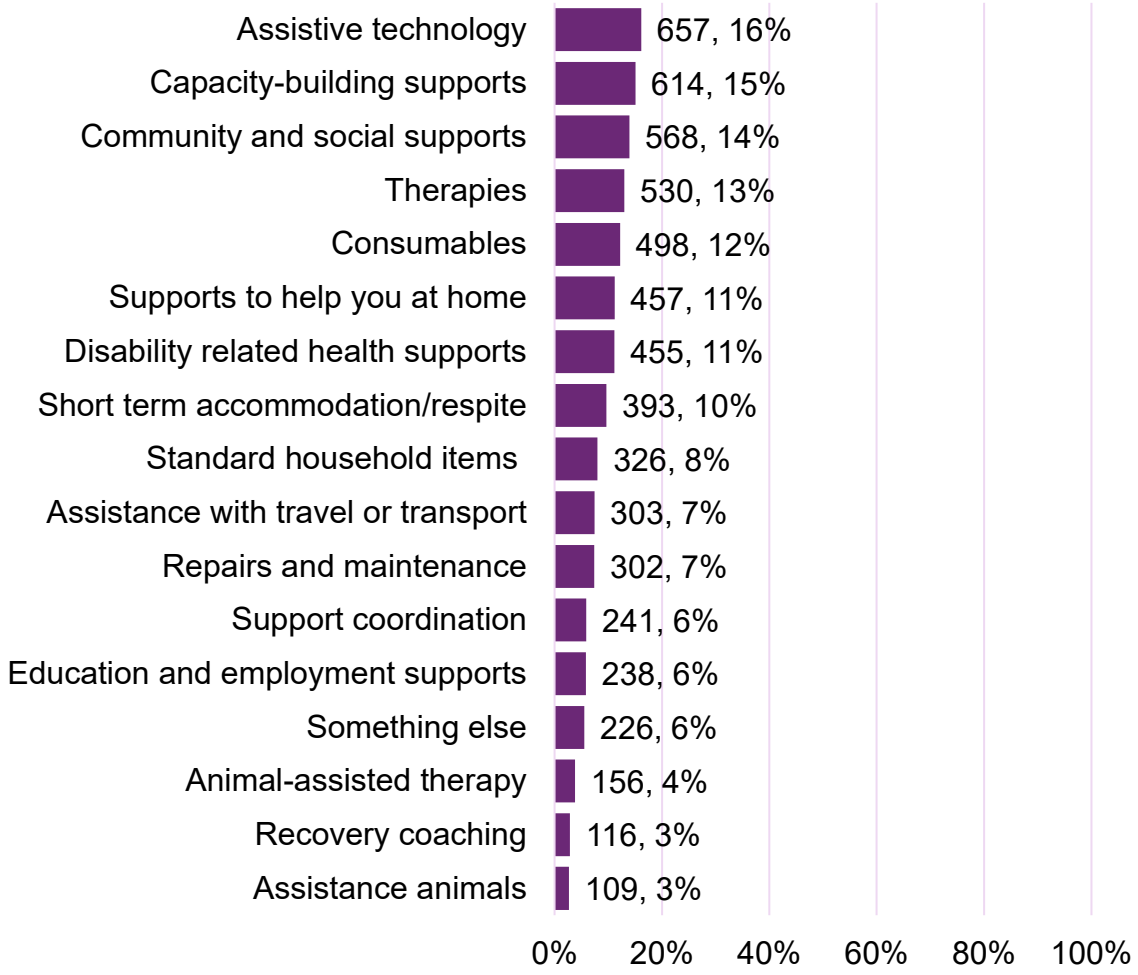
Participants identified a number of items they were no longer spending their NDIS funds on following the introduction of the NDIS Supports Lists[29]. Figure 4.1 shows this. Common items included:

- mainstream technologies for communication
- live captioning
- household appliances
- parenting programs
- disability conferences
- therapies.

The evaluation did not validate participants' understanding of why their supports had changed, and some changes may have resulted for other reasons than the introduction of the NDIS Supports Lists.

[27]Participant Experience Survey October 2025
[28] Participant Experience Survey June 2025
[29] Participant Experience Survey October 2025

Figure 4.1: Participant Experience Survey October 2025 - Items participants report no longer using their NDIS funds for since the introduction of the NDIS Supports Lists.

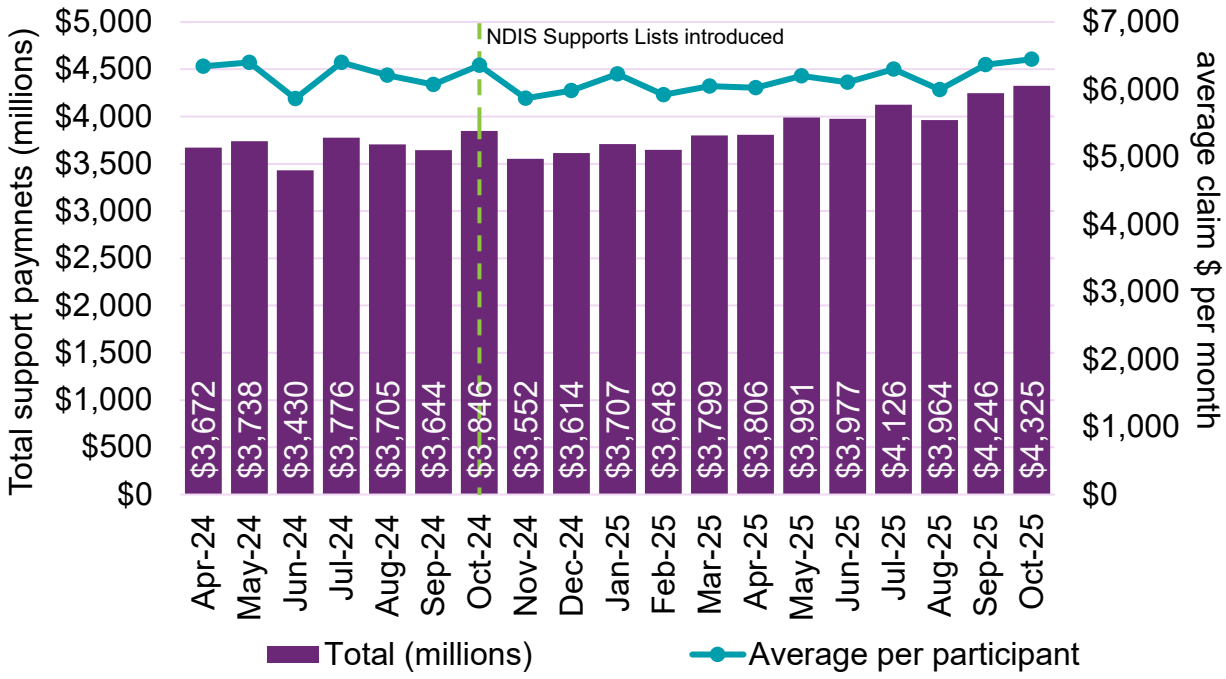


Source: Participant Experience Survey, October 2025. Responses to the question "What types of supports are you no longer accessing because of the introduction of the NDIS Supports Lists?" Percentages shown for each item in this figure were calculated based on the full survey sample (N=4,513).

Figure 4.2 shows that the NDIS Supports Lists have had no discernible impact on total payments made by the NDIS or the average dollar value of total claims per participant since October 2024. This may suggest that payments for non-NDIS supports represented a very small proportion of all payments. It may also mean that participants replaced spending on non-NDIS supports with spending on NDIS supports, which is consistent with participant reports[30] and aligns with policy intent.

[30] Participant and carer interviews, August to November 2025

Figure 4.2: Total payments and average payments per participant across the NDIS.

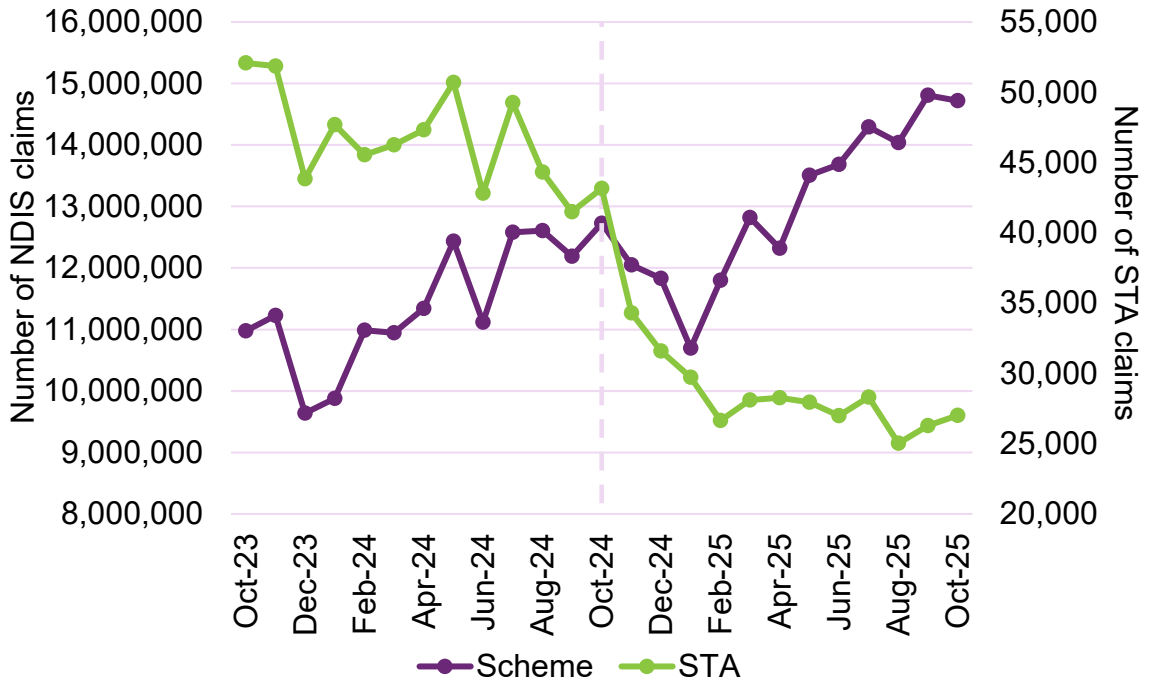


Source: NDIS Enterprise Datawarehouse and Participant Alternative Cloud Environment (PACE) records containing daily support claim data.

Notes: All payments collected in this data must be designated a “paid and cleared” status whilst also registering a strictly positive payment amount. Average payment per participant is calculated on a population level by summing the total dollars paid and cleared and then dividing by the number of unique participant IDs assigned to the payments. Dates relate to support posting dates.

Claiming across support categories shows no change related to the NDIS Supports Lists, with the exception of short-term accommodation (STA), with a reduction in claims from 43,160 in October 2024 to 27,016 in October 2025 (Figure 4.3). This is attributed to a NDIA campaign from July 2024 to March 2025 clarifying what STA funding can and cannot be used for, as confirmed by the NDIS Supports Lists. The degree of observable change may also reflect STA being a high-cost support.

Figure 4.3: Total number of NDIS claims per month and number of STA claims per month.



Source: NDIS enterprise Datawarehouse and PACE records. Notes: All payments collected in this data must be designated a "paid and cleared" status whilst also registering a strictly positive payment amount.

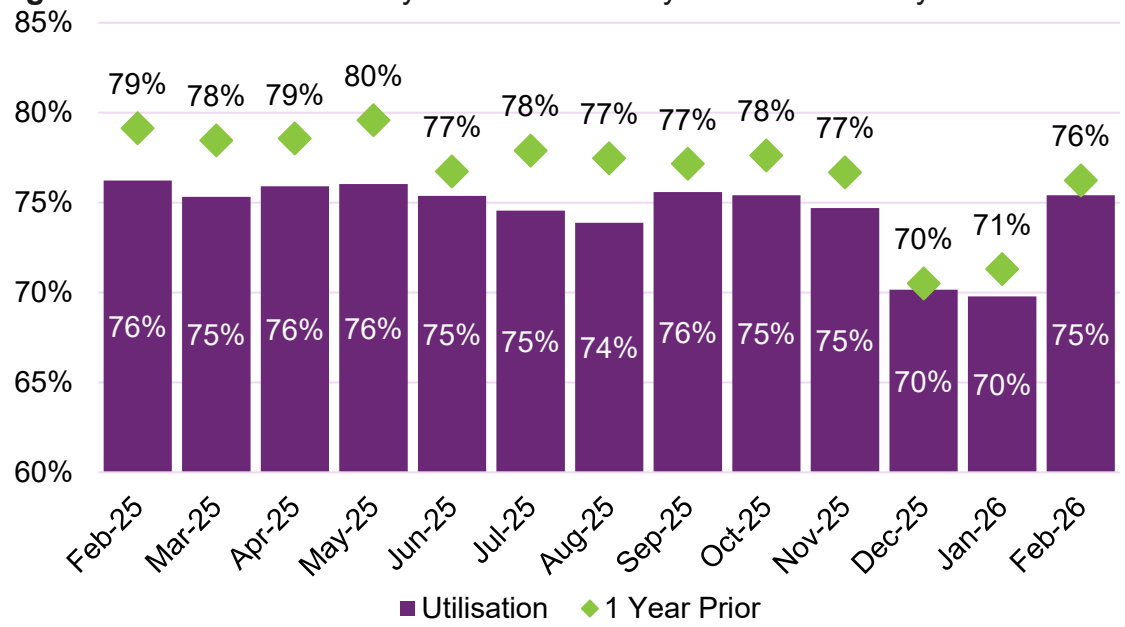
The NDIS Supports Lists do not appear to have impacted plan utilisation

Plan utilisation[31] fluctuates in some predictable ways across each year, with lower plan utilisation in December and January.

As Figure 4.4 shows, since the introduction of the NDIS Supports Lists, utilisation of plan funding by month is lower than the same month in the year prior with an average difference of 2.4% However, utilisation has been trending downwards year on year - from 79% in October 2023 to 78% in October 2024 and 75% in October 2025.

[31] Plan utilisation is the difference between payments made and the value of committed supports in a plan over a defined period.

Figure 4.4: Plan utilisation by month – February 2024 to February 2026



Source: Actuarial Insights and Monitoring Sustainability Dashboard.

Comparing pre- and post-introduction of the NDIS Supports Lists, lower plan utilisation was particularly evident for:

- participants who are fully self-managed (4% lower utilisation in July 2025 compared with July 2024)
- participants with deafness or hearing impairments (4% lower in July 2025 compared with July 2024), stroke (4% lower), autism (4% lower), and spinal cord injury (3% lower)
- children and young people aged 0-8 (4% lower in July 2025 compared with July 2024), 9-14 (4% lower), and young adults aged 15-18 (5% lower).

As plan utilisation has been trending downward for several years, it is not expected that the NDIS Supports Lists are contributing to this change.

The NDIS Supports Lists provide an essential legal foundation for managing NDIS integrity

Introduction of the NDIS Supports Lists has provided clear guidelines, based on legislation, for assisting the NDIA to identify supports that are not NDIS supports and cannot be funded by the NDIS. To support the introduction of the NDIS Supports Lists, the NDIA built systems and capacity to monitor and address claims for supports that are not NDIS supports. NDIA has been reviewing and identifying these types of claims in increasing numbers across 2025. This has enabled a range of benefits for NDIS integrity processes including:

- systems such as mandatory evidence uploads for self-managed participant claims, which are allowing the NDIA to review claims earlier and more effectively
- Payment Integrity Officers being able to explain decisions to participants more clearly, particularly when declining or partially approving claims
- that where it's unclear if a claim meets the legislative definition of a NDIS support, Payment Integrity Officers can pause the claim and request further information, preventing potentially inappropriate payments.
- reduced risk of participants being charged for items or services that the NDIS cannot fund, helping protect participant budgets.

Additional activities in development include strengthened oversight of NDIA-managed and plan-managed claiming, including earlier and more targeted risk detection through the flagging of non-NDIS supports. To deliver robust NDIS integrity, continued scaling of interventions for claiming for supports that are not NDIS supports remains a priority.

Where claims for non-NDIS Supports are identified, the NDIA undertakes educative actions first. Participants receive a letter explaining the basis of claim rejection, including reference to the NDIS Supports Lists where relevant. In the early months of implementation, a participant would also receive a phone call from NCC staff to support participant understanding and help prevent future claims for supports that are not NDIS supports. At 31 October 2025, no debt notices had been issued to participants in relation to claims for supports that are not NDIS supports, indicating the effectiveness of these processes.

There has been increased detection in claims for things that are not NDIS supports before payment is made

From October 2024 to October 2025, the NDIA cancelled 5,559 claims totalling $12.6m from self-managed participants due to not being aligned with the NDIS Supports Lists. Additionally, from July 2025 to October 2025, the NDIA converted 384 participants from self-managed to NDIA-managed (183 participants) or plan-managed (201 participants) due to claims being identified as being for supports that are not NDIS supports.

More than 55% of all cancelled claims were requested under the 'Daily Activities' support category. Cancelled claims were most commonly for:

- iPads, laptops, tablets, and phones (10%)
- dance lessons, cricket games, card game clubs, and soccer clubs (5%)
- alternate therapies (4%).

Data collected between July and October 2025 indicates that the most common reason for claiming for things that are not NDIS supports was accidental and due to knowledge gaps regarding the rules (44%), followed by claiming based on perceived loopholes (38%)[32]. Other factors, such as cultural or language barriers, and financial pressures, were found to be minimal, however this may be an artefact of the telephone methodology used to collect this data.

While post-hoc review of participant claims remains a critical task, pre-emptive approaches like education campaigns are important and have been found to be effective. For example, the NDIA clarified that STA excludes 'holiday' and holiday-like claims and ran an educative campaign from June to December 2024. The number of STA claims and total payments for STA decreased significantly from 43,160 claims in October 2024 to 27,016 claims in October 2025 – a 37% decrease. This example demonstrates the role of targeted education for participants and providers where trends in claims for supports that are not NDIS supports and ongoing areas of ambiguity in the NDIS Supports Lists remain.

Though the NDIS Supports Lists were not designed to improve sustainability, reduced claims for supports that are not NDIS supports may have caused a small decrease in spend

Data suggests that the NDIS Supports Lists have resulted in diverted spending rather than reduced spending for most participants, consistent with the policy intent.

Insights from a behavioural analysis of 150 participant cases showed that some participants stopped purchasing non-NDIS supports and did not replace them with NDIS support alternatives, leading to small reductions in individual plan expenditure. While these decreases have not had any noticeable impact on total NDIS payments or the average payment per participant, they do demonstrate strengthened integrity and a modest contribution to the sustainability of the NDIS.

4.2 Emerging outcomes of shorter funding periods

There are mixed views among participants about how helpful shorter funding periods are for managing their budgets

As from 31 October 2025, participants with funding periods in their plans had been using these for 5 or fewer months, hence the full impact of funding periods on participants' ability to manage their plan, is not yet known.

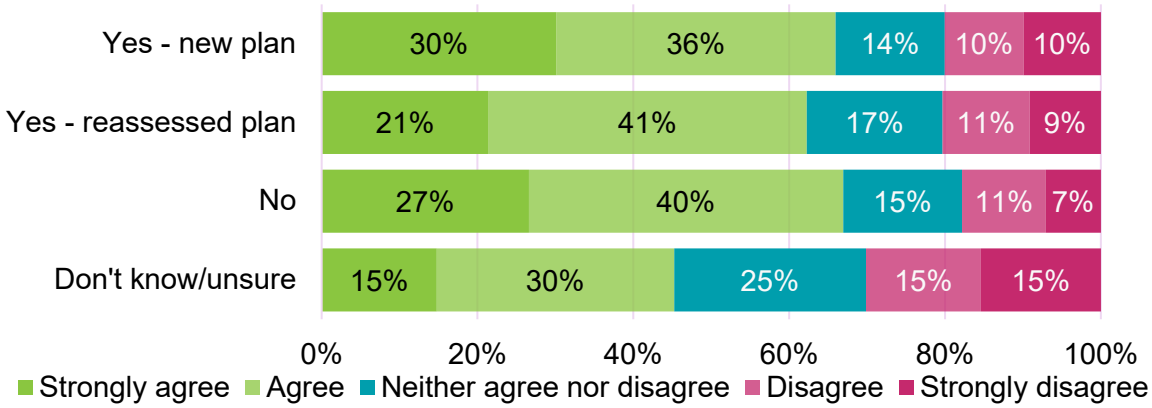
[32] 'Budget Management Support (BMS) section 10/section 46 Non-Compliance Questionnaire'. There were 125 responses to this survey between July and October 2025.

Of the participants with funding periods in their plans, 15% reported a positive impact from the changes, while 40% reported a negative impact[33].

Approximately two-thirds of participants with funding periods in their plans agreed or strongly agreed that they understood how to manage their plan budget (66% and 62% respectively)[34].

A similar proportion of participants who did not yet have funding periods in their plans also agreed or strongly agreed with this statement (67% Figure 4.5), indicating there is no observable impact on participant understanding of budget management from the introduction of funding periods.

Figure 4.5: Participants understanding of how to manage their budget by whether they have funding periods in their plan at October 2025.



Source: Participant Experience Survey, October 2025 (N = 4,513). Question; Please indicate your level of agreement with the following statements: 'I understand how to manage my NDIS plan budget.'

Only 24% of survey respondents agreed that including funding periods in their plan has made, or will make it, easier to manage their NDIS plan budget[35]. In addition, some participants reported finding their budgets more difficult to understand since the introduction of funding periods (40%)[36]. Most participants (81%) have 2 or more different funding periods for different supports in their plans.

While funding periods provide stronger controls for participant spending, participants' own budget management literacy and capacity is also a key factor that is not itself affected by the introduction of funding periods. For these participants, challenges with budget management remain or have increased with the introduction of funding periods.

[33] Participant Experience Survey October 2025
[34] Participant Experience Survey October 2025
[35] Participant Experience Survey October 2025
[36] Participant interviews August to November 2025

Some participants reported that shorter funding periods mean they are spending more time on administration and managing their plan budget.

Quote from a NDIS participant:
"I didn't look at the funding, you know, maybe once a month, I'd just check it. Sometimes I'd just ignore it for 2 to 3 months at a time, then have a look and see how it was going. Now I'm very vigilant. I'm checking it weekly. Having to keep an eye on it all the time. It's exhausting. It feels like worrying about how much money you've got in the bank all the time."
Quote from a NDIS participant's carer: "I don't think they understand what we're juggling already. I've got 2 kids with NDIS plans. Managing their supports is virtually a full-time job. Sometimes I question whether it's worth the effort."

For participants with a history of overutilising their NDIS funds, spending more time checking and managing budgets is a positive impact. However, for participants who have not previously overutilised their funding, this would represent increased burden with no benefit to the participant.

There are early indications funding periods are supporting improved budget management through reducing rates of overutilisation, though ongoing monitoring is needed

One of the main objectives of funding periods is to help participants manage their funding over their plan period. Ultimately, this is expected to reduce the number of participants who overutilise their plans.

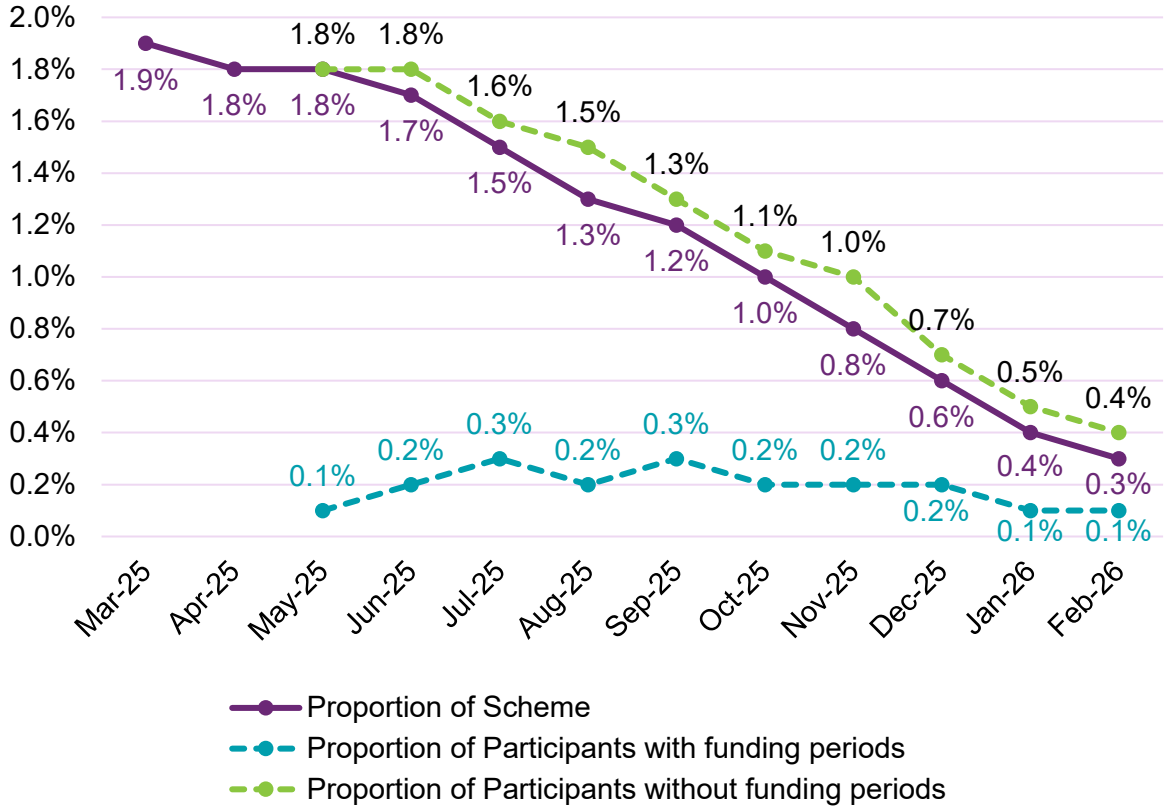
Overutilisation of a plan occurs when a participant claims for more funding than is allocated in their plan at that point in time. This may occur because a plan is no longer sufficient to meet the participants' needs (for example, when a participant's circumstances and/or support needs change) and they have not yet completed a requested plan reassessment, or when the participant has not adequately managed their plan budget. Overutilisation can result in plan variations (and plan inflation) and/or exhaustion of participant funds.

Prior to shorter funding periods, the NDIA usually observed the consequences of overutilisation and exhaustion of funding towards the end of a plan duration (typically 12 months). However, the NDIA can track a participants' rate of spending against total plan budgets to identify signs of overutilisation earlier in the life of a plan. NDIA data on overutilisation reflects the rate of spending against expected expenditure at a point of time.

Measures of overutilisation for plans with funding periods should be treated with some caution, noting that frontloaded funding in a plan may look like overutilisation at certain points in time but reflect appropriate budget management.

A small proportion of participants overutilise their plan, and numbers have been trending downwards since February 2024, prior to the introduction of funding periods. In February 2026, 0.3% of NDIS participants overutilised their plan, compared with 1.9% in March 2025. Figure 4.6 illustrates this.

Figure 4.6: Proportion of participant overutilisation comparing those with funding periods to those without funding periods in their plans.



Note: Funding Period Dashboard - Data to end of February 2026, collected and created by the Funding Period Monitoring Team. Scheme group consists of all active NDIS participants in the month.

For participants with funding periods in their plan, their rates of overutilisation are low compared to the NDIS average. Between the months of May (introduction of shorter funding periods) and February 2026, the overutilisation rate fluctuated between 0.1% and 0.3% for participants with funding periods in their plans. This was initially much lower than for participants without funding periods, though the overutilisation rate for participants without funding periods has also significant reduced. Data relating to utilisation (and overutilisation) of individual funding components within a plan was not available for this report.

These results should be interpreted with caution, as plans with funding periods will only start to reach the end of their plan duration from mid-2026 onwards. More complete information about overall plan utilisation will become available then. Continued monitoring is warranted to understand longer-term impacts.

The introduction of shorter funding periods (s33) has not resulted in higher plan inflation within the Scheme.

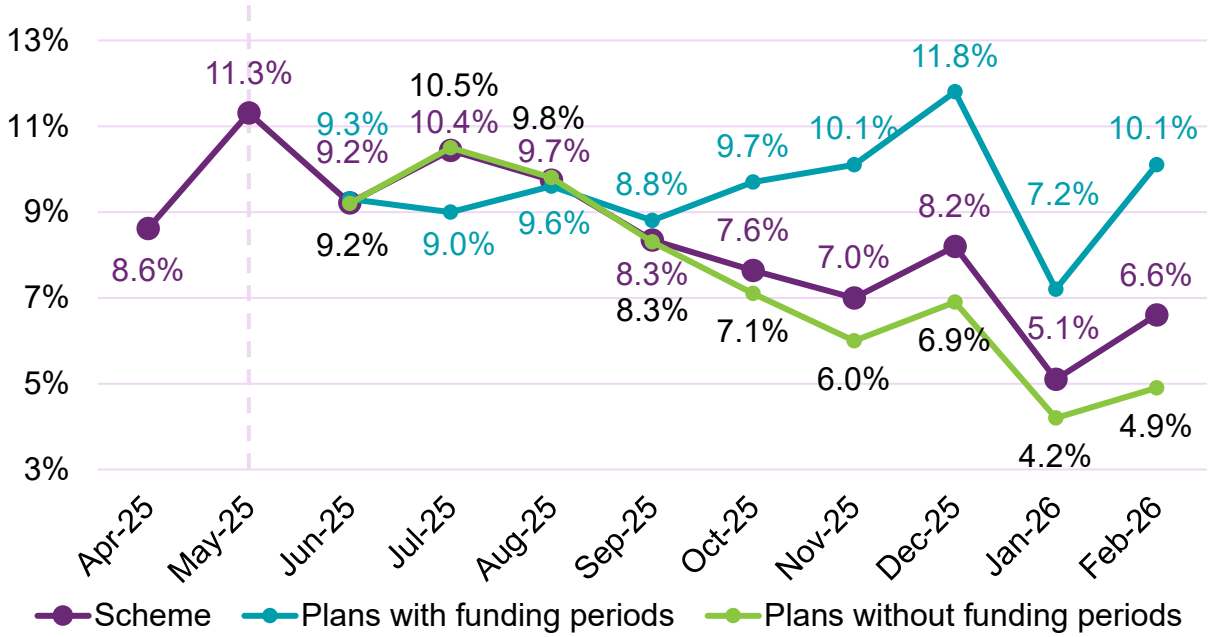
Figure 4.7 shows that overall Scheme inflation[37] rates trended downwards from May 2025, when the NDIA first introduced shorter funding periods, though it is not clear this is attributable to shorter funding periods.

Figure 4.7 shows that plan inflation rates are higher for plans with funding periods compared to those without (where time on plan is not controlled for). However, the drivers of plan inflation for plans with funding periods are not related to the funding periods themselves. Instead, the drivers are related to the characteristics of the cohort that has moved to plans with funding periods. In particular, this cohort have been on their plan for a much shorter time on average compared to participants who are not on funding period plans, because they are new participants to the NDIS or existing participants whose needs have changed so they get a new plan (via a reassessment). Both these groups have higher levels of plan inflation:

- New participants have larger increases to their plan funding upon reassessment (on average), and tend to have these reassessments in the first 6 months of their first plan. This is because they may not have all the evidence needed to determine all their NDIS support needs available in time for their first plan(s). In appropriate cases, the NDIA may reassess a participant's plan and approve a new plan for the participant, which may include new plan budgets for a particular support/s.
- Existing participants may have a plan reassessment following a significant change in their NDIS support needs due to a functional decline or other change in circumstance. A participant's plan budget may therefore increase to encompass these additional support needs.

[37] Plan inflation describes the growth in the total value of a participant's plan. This may be due to variations within a plan, and/or changes in total plan value from one plan to the next. 'Scheme inflation' describes the overall growth in plan value across all NDIS participants' plans.

Figure 4.7: Overall Scheme net inflation rate before and after the introduction of funding periods.



Source: Funding Period Dashboard - Data to end of February 2026, collected and created by the Funding Period Monitoring Team. Note: The inflation rate shown above is the annualised rate of inflation increase during a month relative to the total annualised budgets of the cohort at the beginning of the month.

Comparisons of plans with funding periods to a cohort of plans without funding periods by duration (that is, that have been in place for the same number of months) show that inflation rates of those participants on funding periods are emerging at lower rates than non-funding period plans at the same duration.

5. Opportunities for improvement

5.1 Opportunities to improve implementation of reforms

The evaluation identified opportunities for the NDIA to further refine the implementation of the NDIS Supports Lists and total funding amounts, funding component amounts and funding periods, and to better implement any future changes to the NDIS.

Clear, accessible and timely information and communication about future changes

Clear, accessible and timely information and communications can support participants, providers and the disability community to prepare for changes to the NDIS and minimise unfounded fears and anxieties about what changes might mean for them. More timely information also means that planners and partners are able to familiarise themselves with the details of changes earlier, providing more time for planning and preparation before changes are implemented. This in turn will support them to apply the changes and provide clear advice to participants.

Refining existing policy settings

There are opportunities to refine existing policy settings to ensure consistent implementation and a more transparent participant experience, including:

- continuing to update guidance in relation to ‘grey areas’ in applying the NDIS Supports Lists as these areas are identified
- reviewing the replacement supports list and processes to ensure they are more accessible and easier to understand for participants
- reviewing the policy settings in relation to the NDIS Supports Lists and replacement supports for both old and new framework planning to ensure equity of experience for participants during the period of transition
- reviewing policy, guidance and resources to support planners to consistently apply funding periods and frontloading of funds in line with the policy intent
- conducting a practice review of the approach to setting funding periods for participants with degenerative or rapidly changing conditions
- reviewing the NDIS Supports Lists and frontloading policy, guidance and resources with First Nations subject matter experts to ensure First Nations participants can access culturally safe supports and participate in cultural practices and events

- conducting further research on participants' management of their plan budgets, including their plan budget literacy, to inform the development of any future revisions to funding periods or other controls in participants' budgets.

Continuing to improve the integrity of the NDIS

Integrity of the NDIS can be enhanced through continued development of the NDIA's integrity systems and processes to ensure oversight of all claims for self-managed and plan-managed participants, as well as targeted education and prevention activities to support claiming only for supports that are NDIS supports.

5.2 Suggestions for future monitoring and evaluation of the NDIS Supports Lists and funding periods.

Continue to monitor the impact of funding periods on plan inflation and overutilisation to October 2026

The NDIA introduced shorter funding periods on 19 May, and as such, participants with shorter funding periods in their plans have not yet come to the end of their plan duration. Analysis of the role of funding periods on plan inflation and overutilisation is not conclusive at this time. The NDIA is monitoring the impact of funding periods on plan inflation and plan utilisation, and this should continue to October 2026 (or longer) to examine a full year of plan utilisation for the cohort of participants with funding periods examined in this evaluation.

Conduct a follow-up investigation of planners' implementation of shorter funding periods, 12 months after their introduction

Participant research suggests there is inconsistency in the application of funding periods and frontloading. A further investigation of planner implementation of these elements after 12 months of implementation will provide clarity to government, the NDIA, participants and the sector that implementation issues have been resolved and will identify any remaining issues.

Appendix A: Evaluation context, objectives, scope, and methods

Evaluation context

The National Disability Insurance Scheme (NDIS) is undergoing a five-year program of reform, to strengthen participant outcomes and move towards a sustainable NDIS. The reforms commenced in 2024 with legislative amendment through 'Getting the NDIS Back on Track No 1' Bill (the Bill). On 22 August 2024, Parliament passed the Bill, and after receiving Royal Assent, the new laws came into effect on 3 October 2023. The Bill includes provisions which define new rules for the NDIS, and two of these provisions were the focus of this evaluation; section 10 (the NDIS Supports Lists) and section 33 (total funding amounts, funding component amounts, and funding periods).

The evaluation aimed to understand impacts of the NDIS Supports Lists and funding period changes for NDIS participants, and to identify learnings and opportunities to strengthen implementation and continuous improvement.

Section 10 changes

The NDIS Supports Lists provide greater certainty to participants about what they can and cannot spend their NDIS funds on and seek to ensure NDIS funding is used for identified NDIS supports. The NDIA implemented key changes through a transitional rule, which includes:

- introduction of the NDIS Supports Lists, which clearly outlines what the NDIS can and cannot fund
- an application process for replacement supports for participants who could no longer access supports which were not NDIS supports
- transitional arrangements with respect to debts incurred where NDIS funding was utilised for a non-NDIS support
- a new definition of NDIS supports that aims to resolve the significant level of effort currently placed on participants to understand how to spend in accordance with their plan and identify items that the NDIS does not fund.

Section 33 changes

The policy intent of the section 33 changes is to support participants to spend in accordance with their plan, and to reduce plan overutilisation and inflation. This is achieved by requiring a participant's statement of supports to:

- specify a ‘total funding amount’ for all supports funded under the plan
- categorise the participant’s reasonable and necessary supports into one or more ‘groups’ of supports
- specify a ‘funding component amount’ for each group of reasonable and necessary supports
- specify ‘funding periods’ during which funding will be available.

The introduction of shorter funding periods enables distribution of funding for supports over the course of a plan. This is intended to support participants and reduce the risk of funds being exhausted early in the plan. These measures ensure participants know how much funding they have, for what supports (funding components) and how long the funds need to last.

Evaluation aims and scope

This formative and implementation evaluation assessed how well the NDIA and its systems and processes support implementation and examined the impact of the changes on participant experience and outcomes.

The evaluation aims included:

- understanding whether the NDIA is implementing the legislative changes and the transition rules as intended (including replacement supports and transitional rules, plan budget management, and transitional debt provisions).
- enabling early warning signs on areas for clarification including any unintended consequences and areas for improvement.
- exploring the needs, expectations, and experiences of participants through the implementation of the transition rules.
- informing the progressive refinement of policy settings, guidelines, and participant communication and education (limited reporting at three monthly intervals).

Evaluation questions

KEQ 1: To what extent are the new service rules being implemented as planned?

- How consistently are the transition rules being applied compared to the intended process outcome (fidelity)?
- Are the rates of access, support inclusions, claims, rejections, and patterns of payments over time as would be anticipated by design?
- Are staff using the correct tools effectively to make consistent, accurate and timely decisions?
- Do reasons provided for approved substitutions and exemptions align with the new rules?

- How effectively are the compliance risk areas being identified and managed?

KEQ 2: What are the challenges and enablers to implementation?

- How well have communications, training and guidelines assisted in understanding changes for all groups (front line, claims/payments staff, providers, partners, participants)?
- Are the resources to support implementation and compliance in place and sufficient?
- How have the changes affected staff, partner, and provider confidence and capability in meeting participant needs and expectations?
- How have the implementation of the changes impacted staff workload and productivity?
- What has been done in an innovative way to manage implementation challenges?
- Are gaps and risks being identified, addressed, or mitigated in systems operations?
- Are the lessons from implementation experience being effectively communicated and used?

KEQ 3: What are the immediate impacts of the changes on participant experience?

- What is the participant experience of all aspects of the changes (NDIS supports, substitutions, exemptions, management of plan budgets and funding periods, transitional debt provisions)?
- How satisfied are participants with the experience of the implementation of the new rules?
- What do participants need to enable understanding, confidence, choice, and control?
- Are participants, staff, and the disability community satisfied with the communication and feedback processes related to the new rules?
- Are emerging risks being identified and addressed in a timely manner?
- Are there effective strategies in place to mitigate disruptions and support participants who may be more affected?

KEQ 4: To what extent are there indicators of progress toward intended outcomes?

- What are the emerging impacts of the policies on participant outcomes?
- How have issues raised during co-design consultations been addressed?
- How has access, budget management, and claim behaviour changed since the implementation of the new rules?
- To what extent are participants spending within their budgets and within the plan funding period?
- To what extent are the new rules improving the integrity of the NDIS?
- To what extent are the new rules improving the sustainability of the NDIS?
- Do participants and the disability community have increasing trust and confidence in the NDIA's implementation of the legislation?
- What unintended outcomes (positive and negative) were produced?

Evaluation approach and methods

The evaluation took a formative approach involving a cyclical process that aimed to improve implementation and outcomes while the implementation is ongoing. The evaluation drew on existing NDIA data, to enable monitoring from day one, and reduce data collection burden on frontline staff and participants. The evaluation drew from a wide range of information and data relevant to understanding NDIS supports and funding period changes and their implementation.

Data sources

The evaluation drew on a diverse range of NDIS administrative data sources, including the:

- NDIS Enterprise Data Warehouse (EDW)
- TAPIB replacement support team tracker
- Pre-Payment Detection Profiles Report
- contributions from the Payment Integrity Team
- insights derived from the Analytics, Data and Actuarial Division, and the Data and Analytics Branch.

A list of data sources that informed the evaluation are in Table A.1.

The NDIS EDW houses an extensive range of administrative data that allows for analysis at multiple levels: participant, plan, Agency, and support item. This comprehensive dataset includes all claims-level information necessary for tracking payments and monitoring participant behaviours. The EDW is continuously updated via the planning platform PACE (along with its predecessor SAP), ensuring that it remains current with operational activities.

Survey data collected via the Participant Experience Surveys, Frontline Staff Surveys and Provider Survey were composed using the Form.IO platform until survey closure. On completion of surveys, the POEE Branch ensured data were securely housed on an encrypted NDIS server, to ensure confidentiality and integrity.

Table A.1: Evaluation data sources.

Evaluation focus	Data sources
Review of NDIS policy and legislation documentation	• NDIS policy and legislative documents • NDIS Supports Lists and Funding Period documents and webpages that are publicly available on Government websites including NDIS, Department of Health, Disability and Ageing (formerly Department of Social Services) and Federal register of legislation

Evaluation focus	Data sources
Analysis of administrative data	• NCC data including legislation queries and complaints • NDIS EDW – e.g., volume and nature of replacement requests, patterns in claiming activities, plan, and budget metrics • Administrative Review Tribunal (ART) NDIS case reviews from October 2023 to October 2025 – e.g. volume and nature of cases relevant to section 10 and section 33 of the NDIS Act.
Review of NDIA processes	• NDIA strategic communications legislation change reports. • Communications materials for NDIA staff • Internal learning materials for NDIA staff and NCC, including operational guidelines, knowledge articles, and eLearning modules • Internal NDIA meetings minutes – including Reform Policy Forum and the Practice Leadership Network.

Engagement with frontline staff	• Consultation with NDIA staff across 11 Branches
	• Two online surveys of Frontline Staff:
	  ○ June 2025: survey of NDIA planners, partners, NCC and PSOs (n=580)
	  ○ October 2025: survey of NDIA planners (including justice planners), partners, NCC, PSO, and HLO (n=440)
	• Focus groups and interviews with the frontline workforce, including planners and partners, in March (20 sessions) and October/November (20 sessions).

Evaluation focus	Data sources

Participant and community engagement	• Two surveys of participants and their nominees:
	  ○ Participant Experience Survey June 2025: emailed to approximately 58,000 participants and their nominees (n=6,148; response rate 10.8%).
	  ○ Participant Experience Survey October 2025: emailed to approximately 64,860 participants and their nominees (n=4,152; response rate 6.4%).
	• Interviews and focus groups with participants and their informal support networks in August–November 2025
	  ○ 157 individuals were consulted, including 54 participants, 39 informal carers/family members of participants, 25 members of the PRG, 11 members of the Independent Advisory Council, 8 LAC partners and support coordinators, 11 allied health professionals, and 9 EAG representatives.
	• Review of participant feedback through existing feedback channels such as the NDIS Participant Satisfaction survey
	• Review of NDIA external communications including FAQs, media releases, direct mail, and website posts
	• NDIA Engagement and Inclusion Branch legislation change external engagements reports – summaries of participant and community questions and feedback

Provider and sector engagement	• Survey of providers in October-November 2025 (n=320) - including providers of plan management, support coordination, and psychosocial recovery coaching supports and services • Interviews and focus groups with providers in August-September 2025 (18 sessions) - including providers of support coordination, plan management, and disability supports and services, • NDIA Engagement and Inclusion Branch legislation change external engagements reports – summaries of provider questions and feedback • Priority issues raised by sector stakeholders via the Evaluation Advisory Group and meetings with the Disability Advocacy Network Australia

Internal stakeholders consulted

The evaluation team in the POEE branch conducted 13 consultations with 29 internal NDIA staff involved in the implementation of changes to sections 10 and 33. They conducted these consultations from 12 December 2024 to 20 January 2025. Roles of staff consulted included Deputy CEOs, Branch Managers, Directors and Assistant Directors, NDIA groups and branches presented in Table A.2.

Data quality

To evaluate data quality effectively, we assessed parameters such as accuracy, completeness, and consistency. It is important to note that administrative data may not have been originally designed for statistical analysis purposes; hence careful examination is essential.

The Analytics, Data and Actuarial Division conducts thorough data audits aimed at ensuring consistency and integrity within the EDW. However, challenges arise due to significant lag times associated with collecting substantial volumes of data (e.g. payment information may take up to three months to fully settle accounts). Consequently, any collection occurring prior to publication could potentially misrepresent true values. Nevertheless, leveraging averages and aggregate estimates typically yields results that are unlikely to differ significantly from actual figures reported in the evaluation.

Dedicated members of the TAPIB team collect replacement supports data manually. This can introduce the possibility of human errors in collection or accounting processes. To mitigate these risks, TAPIB regularly initiates comprehensive data integrity checks alongside establishing a specialised Operations Team responsible for supervising accurate gathering of replacement support information.

Survey-derived data (namely the Participant Experience Survey and Frontline Worker Survey) inherently faces challenges related to measurement error and response biases. However, with sufficiently large sample sizes that are representative of the broader population and demographics, one can assume that such errors average to zero and will not skew or bias any findings.

Table A.2: Internal stakeholders consulted for the evaluation.

Group	Division	Branch
Service Delivery	• Operations and Support • Operations, Performance and Capability • State Manager QLD	• Scheme Reform and 3P Transition • Technical Advice and Practice Improvement • Frontline Capability • Practice Lead
Integrity Transformation and Fraud Fusion Taskforce	• Integrity Transformation • National Contact Centre	• Integrity, Intelligence and Analytics • Payments Transformations
Service Design and Improvement	• Policy, Evidence and Practice Leadership • Co design and engagement • Service Design • Strategic Communications	• Evidence and Practice Leadership • Marketing and Communications • Scheme Reforms and Transition • Scheme Policy • Communications and Media • Service Guidance • Strategic Change • Office of the Participant Advocate • Engagement and Inclusion • Technical Advisory and Practice Improvement Branch
First Nations	• First Nations	-
Partners, Providers and Home and Living	• Partners and Providers • Markets	• Partners • Providers • Market Stewardship
Children, Specialised Services and Scheme Interfaces	• Children's Taskforce	• Children's Pathways • Early Supports and Children's Practice. • Complex Supports Needs • Aged Care and Hospital Interface
Legal, Reviews, Actuarial and Data	• Actuarial, Data and Analytics • Chief Counsel	• Actuarial Insights and Monitoring • Dispute Resolution and Litigation

Data methods

The evaluation team employs analytical tools including SAS Enterprise Guide version 8.4, alongside Microsoft Excel as primary instruments for conducting analyses of collected data. Utilised methods comprise:

- descriptive analysis which summarises key characteristics of datasets
- cluster analysis which identifies groupings within similar data points
- cross-tabulation analyses aiding in exploring relationships between various variables.

These methodologies collectively enhance our understanding of underlying patterns within the dataset while facilitating informed decision-making processes based on empirical evidence.

Data governance

The evaluation team adheres to the ‘NDIS Data Governance Framework’ which ensures responsible stewardship over survey results along with both administrative and participant-related data assets. This framework encompasses an array of policies, procedures and strategies designed for managing data throughout its lifecycle. Key focus areas include:

- maintaining exacting standards of data quality while safeguarding privacy rights
- ensuring security measures are robust against unauthorised access
- enhancing accessibility for legitimate users
- being mindful of addressing specific needs as well as rights pertaining to Aboriginal and Torres Strait Islander peoples.

Appendix B: Sections of report against Key Evaluation Questions

Table B.1: Coverage of the Key Evaluation Questions (KEQs).

KEQ 1: To what extent are the new service rules being implemented as planned?	Finding and corresponding section of report
a. How consistently are the transition rules being applied compared to the intended process outcome (fidelity)?	• The NDIS Supports Lists have improved clarity for planners, partners, and providers about what the NDIS can and cannot fund (section 2.1) • Participants and other users of the NDIS Supports Lists have reported uncertainty about whether specific supports are NDIS supports, though areas of uncertainty have reduced over time (section 2.1) • The NDIA sets funding periods based on participant circumstances (section 2.2). • Planners are considering whether a participant has a degenerative or rapidly changing condition when selecting funding period lengths (section 2.2) • Planners are applying frontloading in line with guidance for most supports, but inconsistently across some support types (section 2.2).

KEQ 1: To what extent are the new service rules being implemented as planned?	Finding and corresponding section of report
b. Are the rates of access, support inclusions, claims, rejections, and patterns of payments over time as would be anticipated by design?	• Use of replacement supports has increased over time, but in general they remain poorly understood by participants (section 2.1). • In line with guidance, the most common funding period is 3 months (section 2.2). • Participants raised concerns the NDIS Supports Lists are driving them to use higher cost items (section 3.2). • The NDIS Supports Lists do not appear to have impacted plan utilisation (section 4.1). • There has been an increased detection in claims for things that are not NDIS supports before payment is made (section 4.1). • Though the NDIS Supports Lists were not designed to improve sustainability, reduced claiming for supports that are not NDIS supports may have caused a small decrease in spend (section 4.1). • There are early indications funding periods are supporting improved budget management through reduced rates of overutilisation, though ongoing monitoring is needed (section 4.2).
c. Are staff using the correct tools effectively to make consistent, accurate and timely decisions?	• The fast pace of implementation of each amendment limited the extent to which stakeholders could be supported to understand the intent and detail of changes (section 3.1). • The NDIS Supports Lists provide an essential legal foundation for managing NDIS integrity (section 4.1).

KEQ 1: To what extent are the new service rules being implemented as planned?	Finding and corresponding section of report
d. Do reasons provided for approved substitutions and exemptions align with the new rules?	• Use of replacement supports has increased over time, but in general they remain poorly understood by participants (section 2.1).
e. How effectively are the compliance risk areas being identified and managed?	• The NDIS Supports Lists provide an essential legal foundation for managing NDIS integrity (section 4.1). • There has been an increased detection in claims for things that are not NDIS supports before payment is made (section 4.1).

KEQ 2: What are the challenges and enablers to implementation?	Finding and corresponding section of report
a. How well have communications, training and guidelines assisted in understanding changes for all groups (front line, claims/payments staff, providers, partners, participants)?	• The NDIS Supports Lists have improved clarity for planners, partners, and providers about what the NDIS can and cannot fund (section 2.1). • Participants and other users of the NDIS Supports Lists have reported uncertainty about whether specific supports are NDIS supports, though areas of uncertainty have reduced over time (section 2.1). • Use of replacement supports has increased over time, but in general they remain poorly understood by participants (section 2.1). • The NDIA sets funding periods based on participant circumstances (section 2.2). • Planners are applying frontloading in line with guidance for most supports, but inconsistently across some support types (section 2.2). • The fast pace of implementation of each amendment limited the extent to which stakeholders could be supported to understand the intent and detail of changes (section 3.1). • Participant awareness of the NDIS Supports Lists is high overall but lower among Aboriginal and/or Torres Strait Islander participants and others facing language, digital, cognitive, or overwhelm-related barriers (section 3.2). • Participants rely on a range of sources for information about the changes (section 3.2). • The NDIS Supports Lists are difficult to navigate for some participants (section 3.2). • There remains opportunity to improve participant understanding about what is and is not a NDIS Support, with certain cohorts requiring greater support (section 3.2). • Participants are unclear about which service systems are responsible for some of their needs (section 3.2). • While most participants are generally aware of the introduction of funding periods, their understanding of how funding periods work in practice is mixed (section 3.3).

KEQ 2: What are the challenges and enablers to implementation?	Finding and corresponding section of report
b. Are the resources to support implementation and compliance in place and sufficient?	• The fast pace of implementation of each amendment limited the extent to which stakeholders could be supported to understand the intent and detail of changes (section 3.1).
c. How have the changes affected staff, partner, and provider confidence and capability in meeting participant needs and expectations?	• The NDIS Supports Lists have improved clarity for planners, partners, and providers about what the NDIS can and cannot fund (section 2.1). • The fast pace of implementation of each amendment limited the extent to which stakeholders could be supported to understand the intent and detail of changes (section 3.1).
d. How have the implementation of the changes impacted staff workload and productivity?	• The rapid introduction of the NDIS Supports Lists generated some initial uncertainty and workload pressure for planners, partners and providers, which has resolved over time (section 3.1).
e. What has been done in an innovative way to manage implementation challenges?	• The NDIS Supports Lists provide an essential legal foundation for managing NDIS integrity (section 4.1). • There has been an increased detection in claims for things that are not NDIS supports before payment is made (section 4.1).

KEQ 2: What are the challenges and enablers to implementation?	Finding and corresponding section of report
f. Are gaps and risks being identified, addressed, or mitigated in systems operations?	• There are areas of the NDIS Supports Lists that participants and other users of the NDIS Supports Lists find confusing, though these have reduced over time (section 2.1). • There remains opportunity to improve participant understanding about what is and is not a NDIS Support, with certain cohorts requiring greater support (section 3.2). • Clear, accessible and timely information and communications about future changes (section 5.1). • Refining existing policy settings (section 5.1). • Continuing to improve the integrity of the NDIS (section 5.1). • Continue to monitor the impact of funding periods on plan inflation and overutilisation to October 2026 (section 5.2). • Conduct a follow-up investigation of planners' implementation of shorter funding periods, 12 months after their introduction (section 5.1).
g. Are the lessons from implementation experience being effectively communicated and used?	• Clear, accessible and timely information and communications about future changes (section 5.1). • Refining existing policy settings (section 5.1). • Continuing to improve the integrity of the NDIS (section 5.1).

KEQ 3: What are the immediate impacts of the changes on participant experience?	Finding and corresponding section of report
a. What is the participant experience of all aspects of the changes (NDIS supports, substitutions, exemptions, management of plan budgets and funding periods, transitional debt provisions)?	• Participants and other users of the NDIS Supports Lists have reported uncertainty about whether specific supports are NDIS supports, though areas of uncertainty have reduced over time (section 2.1). • Some participant cohorts experienced particular types of changes to their supports (section 3.2).
b. How satisfied are participants with the experience of the implementation of the new rules?	• Participant awareness of the NDIS Supports Lists is high overall but lower among Aboriginal and/or Torres Strait Islander participants and others facing language, digital, cognitive, or overwhelm-related barriers (section 3.2). • The NDIS Supports Lists are difficult to navigate for some participants (section 3.2). • Participants raised concerns the NDIS Supports Lists are driving them to use higher cost items (section 3.2) • Participants and DRCOs report increased burden to provide evidence of supports (section 3.2).

KEQ 3: What are the immediate impacts of the changes on participant experience?	Finding and corresponding section of report
c. What do participants need to enable understanding, confidence, choice, and control?	• Participants rely on a range of sources for information about the changes (section 3.2). • The NDIS Supports Lists are difficult to navigate for some participants (section 3.2). • There remains opportunity to improve participant understanding about what is and is not a NDIS Support, with certain cohorts requiring greater support (section 3.2). • Participants are unclear about which service systems are responsible for some of their needs (section 3.2). • Participants raised concerns the NDIS Supports Lists are driving them to use higher cost items (section 3.2). • While most participants are generally aware of the introduction of funding periods, their understanding of how funding periods work in practice is mixed (section 3.3). • Inconsistent frontloading of funding is impacting timely access to some supports (section 3.3). • Funding periods have reduced some participants' ability to respond to unanticipated changing needs (section 3.3). • There are mixed views among participants about how helpful shorter funding periods are for managing their budgets (section 4.2).
d. Are participants, staff, and the disability community satisfied with the communication and feedback processes related to the new rules?	• The NDIS Supports Lists are difficult to navigate for some participants (section 3.2). • There remains opportunity to improve participant understanding about what is and is not a NDIS Support, with certain cohorts requiring greater support (section 3.2). • Participants are unclear about which service systems are responsible for some of their needs (section 3.2). • While most participants are generally aware of the introduction of funding periods, their understanding of how funding periods work in practice is mixed (section 3.3).

KEQ 3: What are the immediate impacts of the changes on participant experience?	Finding and corresponding section of report
e. Are emerging risks being identified and addressed in a timely manner?	• The NDIS Supports Lists are difficult to navigate for some participants (section 3.2). • There remains opportunity to improve participant understanding about what is and is not a NDIS Support, with certain cohorts requiring greater support (section 3.2).
f. Are there effective strategies in place to mitigate disruptions and support participants who may be more affected?	• Planners are considering whether a participant has a degenerative or rapidly changing condition when selecting funding period lengths (section 2.2). • Inconsistent frontloading of funding is impacting timely access to some supports (section 3.3). • Funding periods have reduced some participants' ability to respond to unanticipated changing needs (section 3.3).

KEQ 4: To what extent are there indicators of progress toward intended outcomes?	Finding and corresponding section of report.
a. What are the emerging impacts of the policies on participant outcomes?	• Participants and other users of the NDIS Supports Lists have reported uncertainty about whether specific supports are NDIS supports, though areas of uncertainty have reduced over time (section 2.1). • Some participant cohorts experienced particular types of changes to their supports (section 3.2). • Participants raised concerns the NDIS Supports Lists are driving them to use higher cost items (section 3.2). • Participants and DRCOs report increased burden to provide evidence of supports (section 3.2). • Inconsistent frontloading of funding is impacting timely access to some supports (section 3.3). • Funding periods have reduced some participants' ability to respond to unanticipated changing needs (section 3.3). • Participants appear to have replaced spending on non-NDIS Supports with spending on NDIS supports (section 4.1). • There are mixed views among participants about how helpful shorter funding periods are for managing their budgets (section 4.2).
b. How have issues raised during co-design consultations been addressed?	NOTE - the NDIA has not undertaken codesign in relation to these reforms • Evaluating the impacts in this evaluation - consulted groups EAG DRCO DANA (section 1.4).

KEQ 4: To what extent are there indicators of progress toward intended outcomes?	Finding and corresponding section of report.
c. How has access, budget management, and claim behaviour changed since the implementation of the new rules?	• Some participant cohorts experienced particular types of changes to their supports (section 3.2). • Participants appear to have replaced spending on non-NDIS Supports with spending on NDIS supports (section 4.1). • The NDIS Supports Lists do not appear to have impacted plan utilisation (section 4.1). • There has been an increased detection in claims for things that are not NDIS supports before payment is made (section 4.1). • There are early indications funding periods are supporting improved budget management through reduced rates of overutilisation, though ongoing monitoring is needed (section 4.2).
d. To what extent are participants spending within their budgets and within the plan funding period?	• There are mixed views among participants about how helpful shorter funding periods are for managing their budgets (section 4.2). • There are early indications funding periods are supporting improved budget management through reduced rates of overutilisation, though ongoing monitoring is needed (section 4.2).
e. To what extent are the new rules improving the integrity of the NDIS?	• Participants appear to have replaced spending on non-NDIS Supports with spending on NDIS supports (section 4.1). • The NDIS Supports Lists provide an essential legal foundation for managing NDIS integrity (section 4.1). • There has been an increased detection in claims for things that are not NDIS supports before payment is made (section 4.1)

KEQ 4: To what extent are there indicators of progress toward intended outcomes?	Finding and corresponding section of report.
f. To what extent are the new rules improving the sustainability of the NDIS?	• Though the NDIS Supports Lists were not designed to improve sustainability, reduced claiming for supports that are not NDIS supports may have caused a small decrease in spend (section 4.1). • There are early indications funding periods are supporting improved budget management through reduced rates of overutilisation, though ongoing monitoring is needed (section 4.2).
g. Do participants and the disability community have increasing trust and confidence in the NDIA's implementation of the legislation?	• The fast pace of implementation of each amendment limited the extent to which stakeholders could be supported to understand the intent and detail of changes (section 3.1).
h. What unintended outcomes (positive and negative) were produced?	• Some disability support providers are becoming more risk averse due to concerns about not receiving payment (section 2.2). • Participants raised concerns the NDIS Supports Lists are driving them to use higher cost items (section 3.2). • Participants and DRCOs report increased burden to provide evidence of supports (section 3.2). • Inconsistent frontloading of funding is impacting timely access to some supports (section 3.3). • Funding periods have reduced some participants' ability to respond to unanticipated changing needs (section 3.3).

Appendix C: Areas of uncertainty about NDIS supports – identified by planners, partners, participants, and providers

Table C.1: Areas of uncertainty reported about NDIS supports.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Tablets, smartphones, and apps (as replacement support)	• Participants • Planners • Partners • Providers.	The NDIS Supports Lists are clear that tablets, smartphones, and apps are not NDIS supports. However, tablets, smartphones and apps can be approved as replacement supports for some participants with communication needs. The criteria for approval of these items as replacement supports is unclear, however.
Sensory items – including noise-cancelling headphones	• Participants • Planners • Partners • Providers.	The NDIS Supports Lists do not explicitly refer to sensory items such as sensory toys or noise-cancelling headphones, and there is some confusion over whether the NDIS can fund these. While 'toys' are on the non-NIDS Supports List, it is unclear whether sensory toys and items, that may be required for a disability-specific need, would be acceptable Some sensory items – particularly noise-cancelling headphones – had been funded as 'low-cost AT' for some participants prior to the changes. Some planners and partners remained unsure whether, in some cases, these may still be an acceptable support to fund, where it may enable the participant to engage in activities or access environments, they would otherwise find overstimulating.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Specific therapeutic supports	• Participants • Planners • Partners • Providers.	There is some uncertainty relating to whether certain therapies are NDIS supports, including: music therapy and art therapy; myotherapy; osteopathy; chiropractic; and naturopathy. The NDIS Supports Lists do not explicitly refer to myotherapy, osteopathy, or chiropractic. While the NDIS Supports Lists do not refer to naturopathy, the non-NDIS Supports List does refer to 'alternative or complementary medicine'. Participants indicated that they received inconsistent advice from providers and other information sources in relation to whether the NDIS can fund these therapies. The NDIA issued statements in November 2024 and September 2025 confirming that music and art therapies are NDIS supports, though the change to pricing for these therapies contributed to confusion that these therapies would not be funded. The extent of confusion over this issue for participants and the sector demonstrates that the NDIS Supports Lists themselves were not being used or understood, as these therapies were never included on the non-NDIS Support List.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Animal-related supports, including animal therapy, animal-assisted therapy, and assistance animals	Participants Providers	There is some confusion relating to animal-related supports, including therapies which utilise animals and other animal-related supports and items (such as those relating to assistance animals). This includes: • lack of clarity about the distinction between animal-assisted therapy (a NDIS support, e.g. where a therapeutic NDIS support such as occupational therapy is delivered with the assistance of an animal in therapy sessions) and animal therapy (listed as a therapy that is 'not evidence based' and not a NDIS support). • lack of definition of 'eligible assistance animal' (a NDIS support) in the NDIS Supports List. This definition is available separately, including in guidance provided on the NDIS website, and individuals who rely on the NDIS Supports Lists as a complete reference may not realise that relevant information is provided elsewhere. • confusion over 'animal care' (e.g. grooming and vet care) which is on the NDIS Supports List for assistance animals and on the non-NDIS Supports List for animals that aren't NDIS-funded assistance animals. While it is noted that the NDIS Supports Lists provide some guidance for these supports, participants were not aware or struggled to work with the detail included in the NDIS Supports Lists.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Some social, community and recreation activities	Partners	There are 2 areas of uncertainty relating to social, community and recreational activities: • Supports for participants to participate in an activity: The non-NDIS Supports List states that 'general health, fitness, social or recreational activity costs or services (e.g. swimming lessons) are not NDIS supports. The NDIS website is also clear that the NDIS may fund supports needed to participate in the activity. However, some planners and partners are advising participants that the NDIS does not fund supports needed to facilitate these activities. • Activities which are designed or adjusted for people with disability: one-on-one or small group swimming lessons designed or adjusted for NDIS participants. These activities effectively combine the activity and support elements into a single offering.
Transport or travel assistance	• Participants • Planners • Providers	The NDIS Supports List specifies that transport assistance is available for participants who cannot travel or use public transport independently, but neither of the NDIS Supports Lists specify whether transport assistance can be utilised by those who are able to use public transport in some circumstances or intermittently. The non-NDIS Supports List also states that 'transport for children as part of their reasonable care and support provided by families or carers' is not a NDIS support, but neither of the NDIS Supports Lists define what constitutes 'reasonable care and support'. For example, assistance for transport for the purposes of participants attending school or other educational facilities is on the NDIS Supports List, but transport between school activities including excursions and sporting carnivals is on the non-NDIS Supports List.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Disability versus health-related supports	• Planners and HLOs • Partners	The NDIS Supports List includes disability-related health supports which can be funded by the NDIS. The non-NDIS Supports List also describes a range of health and mental health services which are not NDIS supports and should be funded through the health system. The health and mental health services listed were based on agreements that were in place prior to the introduction of the NDIS Supports Lists, including the Applied Principles and Tables of Support (APTOS). There has been confusion around which of these health supports should be funded by the NDIS and which should be funded through the health system for some time (prior to the introduction of the NDIS Supports Lists). Areas of ongoing confusion include post-acute rehabilitation, palliative care, and psychologist fees for participants without a psychosocial disability but with disability-related mental health needs. The non-NDIS Supports List is clear that palliative care, time limited recovery-oriented services, and therapies provided after a recent medical or surgical event, and hospital in the home services, are not funded by the NDIS. The NDIS Supports Lists further clarify that NDIS supports can continue to be provided while a participant is receiving palliative care services. The NDIS Supports Lists also state that the NDIS funds psychologist-delivered, evidence-based therapy when it is needed to help participants improve or maintain their functional capacity in areas such as language and communication, personal care, mobility and movement, interpersonal interactions, functioning (including psychosocial functioning), and community living.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Standard household items, particularly kitchen appliances	• Planners • Partners • Providers	There is some confusion around whether home appliances such as dishwashers, a Thermomix, and 'talking' microwaves, are NDIS supports. While the non-NDIS Supports List specifies that standard household and gardening items are not NDIS supports, the NDIS Supports List specifies that 'assistive products to facilitate house cleaning, gardening or laundry' are NDIS supports, which may be interpreted to include some household appliances. Further, some household items have been approved as replacement supports, which has increased confusion about whether these can be funded. For example, a participant with a visual impairment said they sought NDIS funding for smart glasses and received conflicting advice. Their plan manager said the item would not be approved because it is a standard item and not a NDIS support. In contrast, the NCC suggested requesting it as a replacement support, noting other participants have had the item approved. The participant submitted a replacement support request, but it was not approved.
Supports for children and parents	• Planners • Partners • Providers.	There is some confusion relating to several types of supports for children and whether the NDIS can fund these. These include after school care for a child with disability, and group social programs to support child learning, language, and communication development. The non-NDIS Supports List states that several supports are not NDIS supports, including those related to early childhood, including childcare, family day care and informal care arrangements, supports related to educational attainment, early childhood supports or therapies to support general development needs. It also specifies that fees and payments for outside school hours care, including before school and after school care, are not NDIS supports.

Grey area	Group(s) identifying grey area	Areas of uncertainty
Consumables.	• Partners • Providers.	The NDIS Supports List defines a range of consumables that are NDIS supports, including continence products, personal mobility equipment, and assistive products for household tasks. However, there is some confusion about whether the NDIS funds consumables that are not specially stated on either of the NDIS Supports Lists (e.g. wipes).

Sources: Planner and Partner interviews March 2025; Planner and Partner interviews November 2025; Planner and Partner Survey October 2025; Provider interviews September 2025; Provider Survey October 2025; Participant and carer interviews August-November 2025.

Appendix D: Changes to supports reported by participants

The table includes an indication of how consistently participants reported these in this research. However, the qualitative nature of this research and the purposive approach used for the sampling means that these cannot be used as indicators of how frequently these are experienced in the wider population of NDIS participants and their supporters.

Table D.1: Impact of changes in supports for participants.

Participant	Changes in supports	Impacts
People with intellectual disability (n=12)	Reduced access to: • Low-cost technology and apps that support communication and independence • Parenting programs and parenting supports • Attendance at disability conferences that provide capacity building and peer support opportunities	**(Variably reported)** • Loss of independence, reduced confidence, and wellbeing • Concerns raised about fairness/equity of access due to lack of clarity around the changes
People with psychosocial disability (n=16)	• Reduced access to psychological supports (particularly for those who experience emotional distress because of their disability, but this is not the primary reason for accessing the NDIS) • Therapies and activities that support wellbeing but are not provided by an allied health professional (e.g. yoga, art therapy and activity, traditional healing practices)	**(Consistently reported)** • Disruption to therapeutic relationships have caused distress • Long waits for mental health (especially but not exclusively in non-metro areas) have meant that participants have experienced significant gaps before services were resumed • Family members report increased concerns around risk of self-harm and suicide

Participant	Changes in supports	Impacts
Participants with multiple disabilities, complex medical needs (n=26)	• Have lost funding for services that had been previously covered by the NDIS on the grounds that they are not related to the participant's primary disability or that the health system is responsible • Parents'/carers' requests for repairs to damaged household goods caused by children with complex behavioural challenges denied • Those who employ support workers directly have had claims for bookkeeping and accountancy fees denied	**(Consistently reported)** • The NDIA removed funding suddenly, without a transition period or support to identify suitable alternatives, which has been associated with subsequent declines in participants' health and wellbeing. • Increased stress/mental fatigue due to the fight to retain access to supports • Financial impacts for carers who are required to 'step in' to provide support or pay for supports out of pocket • Some carers report they are fearful of complaining, due to risk of losing further supports
Participants living with physical disability (n=26)	• Can no longer use funds for ordinary household items that support mobility, safety, and independence (e.g. electric toothbrushes, dishwashers, combined washer/driers) • Can no longer use funds for therapies not provided by allied health professional (e.g. myotherapy, yoga therapy)	**(Variably reported)** • Loss of independence and dignity • Additional funds required for support workers to assist with/perform tasks • Reduced choice and control over therapeutic supports

Participant	Changes in supports	Impacts
People with hearing and or vision loss (n=21)	Reduced access to: • mainstream technology (tablets, smartphones, smartwatches) that are essential for communication, safety, and access to Auslan interpreters • live captioning and navigational apps • household appliances that support independence and safety such as appliances that assist with food preparation, security cameras, and movement activated lights for people with hearing loss etc.	**(Consistently reported.)** • Increased out of pocket expenses • Reduced independence and access to community • Increased isolation • Increased stress and administrative burden due to replacement supports process • Sense that NDIA decision makers lack understanding of sensory needs, including why 'mainstream' items can be a more appropriate support than modified or disability specific items.
Participants living in regional, rural, and remote areas (n=36)	Reduced access to: • Services/programs that do not have an evidence-base as a disability support (e.g. yoga therapy, life coaching) • Standard household items and mainstream technology that support safety and independence (smart phones, washing machines)	**(Consistently reported.)** • People living in regional, rural, and remote areas more impacted by the introduction of the NDIS Supports Lists, due to a shortage of allied health and psychology services, and limited access to modified and adaptive equipment

Participant	Changes in supports	Impacts
Families of children with disability (n=22)	Reported changes to supports include loss of: • in-home respite care • transport (including for teenage children who are unable to travel independently to school due to their disability) • after school and school holidays program • music therapy • sensory toys • games, speech therapy apps, and equipment to support functional development • cleaning services • period and incontinence underwear for teens • home modifications to increase safety	**(Consistently reported.)** • Informal carers must either pay for the services privately or step up to provide the supports themselves. • For some this has caused significant financial and emotional stress, and has taken a toll on their own health, well-being, and ability to work.
Participants who identified as Aboriginal and/or Torres Strait Islander and their families (n=32)	• Reduced access to culturally appropriate supports, including supports that enable participation in cultural activities and traditional healing practices • Reduced access to respite care outside of Specialist Disability Accommodation	**(Consistently reported.)** • Disproportionately impacted by reduced access to supports related to health and mental health due to higher rates of co-morbidity • Disproportionately impacted by shortage of approved service providers in regional, rural, and remote areas

Appendix E: Guidance for planners to select funding periods

Table E.1: High-level guidance and operational indicators to assist delegates' application of 1-month, 3-month, 6-month, and 12-month funding periods (as at August 2025).

Funding period	Risk assessment	Indicators
1 month	Non-compliance is repeated and / or is deliberate or severe, and/or Delegate determines section 46 of the Act is unlikely to be complied with in relation to the plan and/or Concerns regarding harm and financial risk and/or Nature and cost of the reasonable and necessary supports in the plan (including if cost falls within the operational threshold)	• Previous plan overutilised • Current insolvency • Multiple (2 or more) requests for plan changes with no evidence • Compliance activity in grace period: >$1500 spent on a non-NDIS support or non-compliance after 2 notifications • Compliance activity after grace period: indicated by integrity case in PACE • Debt/s has been raised and pursued • Financial exploitation reported to NDIA • Agency has made a payment over an amount in the plan under s45(5)(b) that relates to participant risk and safety or compliance • An unresolved conflict of interest (i.e. not being managed in accordance with NDIA guidance materials) identified / has likely contributed to non-compliance • Participant safeguarding risk has been identified • Funding period is for a funding component (kind of support) listed in this policy as usually having a funding period of 1-month applied • Funding period is for home and living funding or core funding (for assistance with daily living) that is over $200,000 p.a.

Funding period	Risk assessment	Indicators
3 months	No concerns regarding harm and financial risk, including because there is no information available on this matter, and Total funding amount (plan value) is $15,000 p.a. or more (excluding any capital items), and either: No concerns regarding compliance with section 46, including because there is no information available on this matter, or Delegate determines section 46 of the Act is unlikely to be complied with in relation to the plan.	• Participant's first plan – when there is no previous experience in the Scheme • Previous plans not overutilised or there is no information available about whether or not previous plan changes were supported by evidence • Compliance activity in the grace period: up to 2 notifications for spending on non-NDIS supports • Compliance activity after grace period: single occurrence of unintentional, low value non-compliance • Presence of recorded support or safeguards to respond to non-compliance.

Funding period	Risk assessment	Indicators
6 or 12 months	Participant preference for longer funding period or there is a clear reason to set a longer funding period (for example, a degenerative condition is present), and There are no concerns regarding compliance with section 46, which is supported by recorded history and, There are no concerns regarding harm and financial risk, and Delegate determines that section 46 of the Act is likely to be complied with in relation to the plan.	• Participant expresses preference for funding period longer than 3 months • 2 or more years of experience with the participant having a plan in the Scheme • In last 2 years plan has consistently either lasted to the reassessment date or plan change was supported by evidence of a change in circumstances • There is a high degree of uncertainty about the participants support needs over the plan period (for example, participant has a degenerative condition with uncertain trajectory).

Source: NDIS operational policy - Funding amounts and funding periods for old framework plans (section 33). Policy introduced October 2024 and updated 13 May 2025 and 28 August 2025.